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99TH CONGRESS
1st Session

SENATE

S. REPT. 99-5
Volume 2

DEVELOPMENTS IN AGING: 1984
VOLUME 2—APPENDIXES

A REPORT

OF THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

PURSUANT TO

S. RES. 354, MARCH 2, 1984

Resolution Authorizing a Study of the Problems
of the Aged and Aging

FEBRUARY 28 (legislative day, FEBRUARY 18), 1985.—Ordered to be printed

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LETTER OF TRANSMITTAL

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, D.C., February 28, 1985.

Hon. GEORGE BUSH,
President, U.S. Senate,
Washington, D.C.

DEAR MR. PRESIDENT: Under authority of Senate Resolution 354, agreed to March 2, 1984, I am submitting to you the annual report of the Senate Special Committee on Aging, Developments in Aging: 1984, volume 2.

Senate Resolution 4, the Committee Systems Reorganization Amendments of 1977, authorizes the Special Committee on Aging "to conduct a continuing study of any and all matters pertaining to problems and opportunities of older people, including, but not limited to, problems and opportunities of maintaining health, of assuring adequate income, of finding employment, of engaging in productive and rewarding activity, of securing proper housing and, when necessary, of obtaining care and assistance." Senate Resolution 4 also requires that the results of these studies and recommendations be reported to the Senate annually.

This report describes actions during 1984 by the Congress, the administration, and the Senate Special Committee on Aging which are significant to our Nation's older citizens. It also summarizes and analyzes the Federal policies and programs that are of the most continuing importance for older persons, their families, and for those who hope to become older Americans in the future.

On behalf of the members of the committee and its staff, I am pleased to transmit this report to you.

Sincerely,

JOHN HEINZ, *Chairman.*

CONTENTS

Page

Letter of transmittal III
Appendix 1. Annual report of the Federal Council on the Aging 1

Appendix 2. Reports From Federal Departments and Agencies:

Item 1. Department of Agriculture:

Office of Rural Development Policy 8
Farmers Home Administration 10
Forest Service 12
Economic Research Service 12
Extension Service and State Cooperative Extension Services 13
Food and Nutrition Service 16
Office of Equal Opportunity 18
Rural Electrification Administration 19
Agricultural Research Service 19
Cooperative State Research Service 20
Item 2. Department of Commerce 21
Item 3. Department of Defense 24
Item 4. Department of Education 25
Item 5. Department of Energy 34

Item 6. Department of Health and Human Services:

Office of the Secretary: Alzheimer's Disease 39
Office of the Assistant Secretary for Planning and Evaluation 40
Office of Human Development Services: Administration on Aging 43
Title XX Social Services Block Grant Program 150
Social Security Administration 152
Health Care Financing Administration 159

Public Health Service:

Alcohol, Drug Abuse, and Mental Health Administration:

National Institute on Alcohol Abuse and Alcoholism 175
National Institute on Drug Abuse 177
National Institute of Mental Health 178
Food and Drug Administration 186
Health Resources and Services Administration 192

National Institutes of Health:

National Institute on Aging 196
National Cancer Institute 208
National Center for Health Services Research 210
National Eye Institute 213
National Heart, Lung, and Blood Institute 214
National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases 216
National Institute of Neurological and Communicative Disorders and Stroke 217
National Institute of Allergy and Infectious Diseases 219
Centers for Disease Control 220
Division of Research Resources 221
Office of Community Services 222
Office of Inspector General 224
Office of the General Counsel 227
Item 7. Department of Housing and Urban Development 229
Item 8. Department of the Interior 239
Item 9. Department of Justice 248
Item 10. Department of Labor 252
Item 11. Department of State 258
Item 12. Department of Transportation 260

Page

Appendix 2. Reports From Federal Departments and Agencies—Continued
  Item 13. Department of the Treasury 263
  Item 14. ACTION 268
  Item 15. Civil Aeronautics Board 274
  Item 16. Commission on Civil Rights 274
  Item 17. Consumer Product Safety Commission 275
  Item 18. Environmental Protection Agency 278
  Item 19. Equal Employment Opportunity Commission 279
  Item 20. Federal Communications Commission 285
  Item 21. Federal Trade Commission 287
  Item 22. General Accounting Office 295
  Item 23. Legal Services Corporation 303
  Item 24. National Endowment for the Arts 305
  Item 25. National Endowment for the Humanities 310
  Item 26. National Research Council 314
  Item 27. National Science Foundation 318
  Item 28. Office of Consumer Affairs 319
  Item 29. Pension Benefit Guaranty Corporation 323
  Item 30. Postal Service 325
  Item 31. Railroad Retirement Board 328
  Item 32. Small Business Administration 330
  Item 33. Veterans Administration 331

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DEVELOPMENTS IN AGING: 1984

VOLUME 2—APPENDIXES

FEBRUARY 28 (legislative day, FEBRUARY 18), 1985.—Ordered to be printed

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Mr. HEINZ, from the Special Committee on Aging,
submitted the following

REPORT

APPENDIXES

Appendix 1

ANNUAL REPORT OF THE FEDERAL COUNCIL ON THE AGING

DECEMBER 10, 1984.

DEAR MR. CHAIRMAN: On behalf of the Federal Council on the Aging, I am pleased to submit a preliminary summary of the 1984 annual report.

This document highlights the various positions taken by the Council on a number of legislative and other issues concerning the well-being of the elderly. We are hopeful that the Council's views will be considered as the 99th Congress reconvenes.

We appreciate the continuing interest of the Special Committee on Aging and look forward to another year of cooperative efforts with committee members and staff toward our mutual goal of service to older Americans.

Sincerely,

ADELAIDE ATTARD, *Chairperson.*

Enclosure.

SUMMARY OF THE 1984 ANNUAL REPORT

I. INTRODUCTION

A. Background

The Federal Council on the Aging (FCA) is the functional successor to the earlier and smaller Advisory Council on Older Americans, which was created by the 1965 Older Americans Act. In 1973, when the FCA was created, Congress was concerned about Federal responsibility for the interests of older Americans, and the breadth of vision that such responsibility would reflect. Having decided to upgrade the existing advisory committee, Congress patterned the legislative language authorizing the FCA after the charter of the U.S. Commission on Civil Rights.

The FCA is authorized by section 204 of the Older Americans Act, as amended. The Council is composed of 15 members appointed by the President, with the advice and consent of the Senate. Council members, who are appointed for 3-year terms, represent a cross-section of rural and urban older Americans, national organizations with an interest in aging, business and labor, and the general public. According to statute, at least five members must be over 65 years of age.

The President selects the Chairperson of the Council from the appointed members. The FCA is mandated to meet quarterly, and at the call of the Chairperson.

Functions of the Council include:

—Continually reviewing and evaluating Federal policies and programs affecting the aging for the purpose of appraising their value and their impact on the lives of older Americans.

—Serving as spokesperson on behalf of older Americans by making recommendations about Federal policies regarding the aging and federally conducted or assisted programs and other activities relating to or affecting them.

—Informing the public about the problems and needs of the aging by collecting and disseminating information, conducting or commissioning studies and publishing their results, and by issuing reports; and

—Providing public forums for discussing and publicizing the problems and needs of the aging and obtaining information relating to those needs by holding public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

The Council is required by law to prepare an annual report for the President by March 31 of the ensuing year. Copies are distributed to members of the Congress, governmental and private agencies, institutions of higher education and individual citizens interested in FCA activities.

Funds appropriated for the Council are a line item in the overall appropriation of the Department of Health and Human Services (DHHS). These funds are used to underwrite meetings of the Council and to support staff.

The results of its public meetings and activities concerning issues and policies affecting older Americans are shared with the President, Congress, the Secretary of DHHS, the Assistant Secretary for Human Development Services (HDS), the Commissioner of the Administration on Aging (AoA), and others interested in the well-being of older Americans.

B. Members of the Federal Council on the Aging

Adelaide Attard, Chairperson of the Federal Council on the Aging; Commissioner, Department of Senior Citizen Affairs, Nassau County, NY.

Margaret L. Arnold, coordinator of women's activities, American Association of Retired Persons, Washington, DC.

Ingrid Azvedo, member of State Senator John Doolittle's advisory committee on aging, Sacramento, CA.

Nelda Barton, president and chairman of the board, Health Systems, Inc., Corbin, KY.

Edna Bogosian, principal insurance examiner, Department of Banking and Insurance, Commonwealth of Massachusetts, Boston, MA.

James N. Broder, Esquire, senior resident partner, Curtis, Thaxter, Lipez, Stevens, Broder & Micoleau, Portland, ME.

Sydney Captain, member, Governor's Conference on Aging; commentator on Florida radio and TV stations, Melbourne, FL.

Charlotte W. Conable, Vice-Chairperson of the Federal Council on the Aging, Washington, DC.

Edmund T. Dombrowski, M.D., chairman of the board, Western Orthopaedic Institute, Redlands, CA.

Kathryn Dusenberry, member, board of supervisors, Pima County, AZ.

D. Antonio Guglielmo, owner and manager, Penny-Hanley & Howley Insurance Co., Stafford Springs, CT.

Frances S. "Peg" Lamont, State senator, Aberdeen, SD.

Josephine Oblinger, J.D., State representative, Auburn, IL.

Edna "Bonny" Russell, ED.D. (retired), director, education and training, San Jose State University, San Jose, CA.

Albert Lee Smith, Jr., board member, Positive Maturity-Retired Senior Volunteer Program, Birminghan, AL.

C. 1984 Meeting Dates

The Council met four time during the year, as required by the Older Americans Act. The meeting dates were March 7 and 8, May 2 and 3, September 19 and 20, and November 14 and 15. Three of the meetings were held in Washington, DC. The September meeting was held in Rockland and Augusta, Maine, in conjunction with the Bureau of Maine's Elderly (BME) annual Blaine House Conference.

All FCA meetings were announced in the Federal Register and notices of the meetings sent to representatives of national organizations, staff of various Federal agencies, and to congressional members and committees interested in or responsible for aging. Minutes are distributed to individuals who attended the meetings and to any interested parties who request them. Publications and documents pertinent to official actions are maintained in the Office of the Council and are available to the general public. The FCA mailing address is: Room 4243, HHS North Building, 330 Independence Avenue, SW, Washington, DC 20201.

D. Council Meetings Scheduled for 1985

In calendar year 1985, the Council is tentatively scheduled to meet on February 20 and 21, May 29 and 30, September 11 and 12 and November 20 and 21.

II. ACTIONS OF THE FEDERAL COUNCIL ON THE AGING

A. Support for Caregivers of the Elderly

The FCA Caregiver Support Committee, chaired by Charlotte Conable, with members Margaret Arnold, Josephine Oblinger, and Edna Russell, organized a symposium to further explore the Council's concern for the Nation's frail elderly. The symposium, "The Working Person as Caregiver," addressed the joint demands of caregiving and employment faced by those who serve as caregivers of the frail elderly in the United States. The symposium was held in conjunction with the May 1984, FCA quarterly meeting.

The FCA called together six experts to explore ways for family caregivers of the elderly to gain support in their dual roles as caregivers and employees. The work place received primary focus as a critical, yet underdeveloped, avenue for educating the public about aging in general, and caregiving in particular. Presenters for the symposium were: Joanna Mellor, Third Age Center, Fordham University, New York, NY; Linda Rhodes, Ph.D., president, Rhodes & Brennan, Inc., and consultant, Center for Geriatrics and gerontology, Columbia University, Pittsburgh, PA; Barry Lebowitz, Ph.D., chief, Center for Studies of the Mental Health of the Aging, Rockville, MD; Edward McLaughlin, director, Office of Program Development, Family Service America, New York, NY; Deborah Sheperis, area manager, Personal Performance Consultants, St. Louis, MO; and Beth Silverman, director of human services, District 65, United Auto Workers, and adjunct associate professor, Columbia University School of Social Work, New York, NY.

Traditionally, women have been the primary caregivers of their older relatives. Four social trends appear to influence this role. First, the increasing divorce rate is creating fragmented and redefined families. Second, the changing characteristics of the Nation's older population are requiring caregivers to possess new coping skills. Third, the current geographic mobility of our population is creating the need for "long-distance caregiving" networks. Fourth, and probably most important, is the spiraling numbers of women in the workforce who, consequently, are forcing a redefinition of the caregiver role. Such a redefinition addresses both the family and the workplace as new sources of support and information for caring for older relatives.

After consideration of the presentations and discussions of the policy issues presented, the Council concluded that assistance to caregivers of the elderly, through the workplace, should be encouraged. Consistent with that position, the Council recommended that:

—Congress should explore options of tax incentives and/or tax credits for businesses that provide employee assistance programs (EAP's) with aging or older relative caregiver focus.

—Dependent care tax credits for adult care expenses should be publicized to those persons who could take advantage of this new tax credit.

—Managers of workplace environments should evaluate the needs of their workforce and assess whether an EAP should be instituted, and if one exists, if it is meeting those needs. Assisting employees has two-fold benefits: (1) the employee is better able to cope with his/her personal problems; and (2) the employer has a better employee, one who is not preoccupied with personal problems and/or excessively absent from work.

—Aging and issues of older parents should be included in the formal educational system, as well as in corporate and union programs and publications. This is consistent with the FCA's recommendation to the President in early 1983 calling for the provision of an extensive and long range public education program regarding aging.

—The aging network should expand their outreach activities and increase the visibility of their programs so that those persons in need of assistance will be able to identify available services at the appropriate times. Furthermore, the aging network should reach out to the work-place and business sector to assist them in providing aging services in the workplace.

—Since the society in which we live is highly mobile, and there is a greater probability that adult children and their older relatives may not be geographically proximate, a national clearinghouse of services and options available to families should be established. Although these services are sometimes available on the open market, the Council feels that some form of this "long distance case management" approach should be made available to all persons needing them.

—Easily accessible, prepackaged material on caregiving skills should be developed and marketed so that family members may care for older relatives. These materials should be widely disseminated and in a form that is "user-friendly" and packaged in a number of accessible formats such as video, pamphlets, and news articles. This material should also be culturally sensitive to reflect different needs in different communities.

—Research is needed in the areas of informal and family caregiving and the effect that certain sociological trends have had on the traditional caregiving role. These trends are the increased divorce rate, two-career families, and the increased labor force participation of women in our society. In addition, research is needed in the area of older persons caring for their aging, developmentally disabled children.

The Council believes that focusing on family caregiving and informal support is an important first step toward improving the quality of life for the nation's frail elderly. Further developments in this area are needed to encourage and enhance such interaction.

"The Working Person as Caregiver," a publication resulting from the FCA May 1984 symposium on increasing support services for the frail elderly, was published and will be widely distributed.

B. Housing

The Council continues to be interested in expanding housing options for the elderly by promoting home equity conversion, home-sharing and accessory housing. Elderly homeowners often need additional resources to maintain their homes. Innovative housing arrangements can, at the same time, meet an older person's need for companionship. The Council is also concerned about the lack of coordination between housing planners and the agencies that provide supportive services to keep older individuals in publicly or privately sponsored housing. In addition, the Council is exploring ways to focus efforts on determining the advantages of community based long-term care.

The housing committee, chaired by James N. Broder, Esquire, and including Council members D. Antonio Guglielmo, Edna Bogosian, Frances Lamont, and Edmund Dombrowski, M.D., continued to pursue FCA 1984 housing priorities. Major Council efforts included: the symposium, "Aging in Place: Implications for Long-Term Care" and clarifying tax status of sale-leaseback mechanisms.

1. Aging in place: Implications for long-term care

The September 1984 FCA quarterly meeting was held in Maine, in conjunction with the annual Blaine House Conference in Augusta. The FCA, along with the Maine Committee on Aging and the Bureau of Maine's Elderly, presented a panel discussion of "Aging in Place: Implications for Long Term Care."

Trish Riley, director of the Bureau of Maine's Elderly, opened the symposium and introduced James Broder, Chairperson of the FCA Housing Committee, who served as the moderator. The symposium was designed to explore the feasibility of community based long-term care options, with input from the Federal State, and local levels.

The speakers were:

Margaret Russell, chairperson of the Maine Committee on Aging, who addressed aspects of home health care in the State of Maine. In addition, two

Maine residents, Marie Kitchen and Phyllis Jones, gave testimony on the nature of their personal caregiving experiences, the role of assistance and some of the typical problems that are encountered.

Edwin P. Marcus, the FCA Coordinator and the principal staff support for activities undertaken by the Council, discussed current home care and long-term care issues.

Kathleen A. Boland, director of the Maine State Housing Authority, spoke about Federal barriers to housing and living arrangements for the elderly.

Philip Abrams, Under Secretary of the Department of Housing and Urban Development (HUD), described HUD's initiatives impacting on elderly housing services.

Patrick Hare, community planner with the Maryland National Capitol Park and Planning Commission in Silver Spring, MD, discussed innovative living arrangements for the elderly and their relationship to long-term care.

The growth of the elderly population, combined with rising expenditures for long-term care services, has focused an interest in developing community-based alternatives to long-term care. In addition to financial strains, one of the major barriers to services for the elderly is the disjointed system of information dissemination. Because there is no national "clearinghouse" with both complete and applicable information on elderly services, senior citizens often face an intricate and bureaucratic maze when in need of services. The more the public knows about alternatives to institutionalization, the better equipped citizens will be to make informed decisions. This symposium served to build upon the commitment of the FCA to furthering the debate around long term care concerns, and to developing more creative and beneficial alternatives to institutional care.

2. Home equity conversion (HEC)

Members of the FCA Housing Committee focused efforts on clarifying the tax status of sale-leaseback legislation during 1984. S. 1914, a bill introduced by Senator Specter, incorporated a majority of the recommendations resulting from the Council's home equity conversion fact-finding session held in September 1984.

While the original version of the bill would have both clarified existing tax law and ensured treatment of sale-leasebacks as conventional real estate transactions, the bill was altered by the Senate and incorporated in the 1984 tax bill, section 867 of H.R. 2163. Section 867 significantly changed the treatment of sale-leasebacks by a) excluding relatives and investor groups from participation; and b) requiring a 40-year, rather than the 20-year depreciation currently allowed by law. The Council argued that these provisions were too restrictive and should be revised to the specifications of S. 1914, or that section 867 be deleted from the tax bill entirely. FCA Housing Committee members worked closely with the bill's original sponsors, key congressional members and staff and other organizations who supported the FCA position on the bill.

Section 867 was finally deleted from H.R. 2163 in mid-June. Although an important clarification of tax treatment of sale-leaseback mechanisms was not accomplished, considerable education and congressional discussion occurred. The climate for reintroducing this issue during the next session of Congress is favorable. The FCA looks forward to working with potential sponsors of this needed legislation.

3. Document distribution

"House Rich, But Cash Poor," a publication resulting from the FCA 1983 factfinding session exploring the nature of home equity conversion options, was published and continues to be widely distributed.

C. Health

The FCA Health Committee, chaired by Edmond Dombrowski, M.D., with Edna Bogosian, Kathryn Dusenberry, Frances Lamont, Josephine Oblinger, and Edna Russell as members, focused its attention on the condition of hypothermia and its detrimental effects on the elderly. As a result of their efforts, the FCA and the Center for Environmental Physiology, Washington, DC, cosponsored a symposium in conjunction with the November 1984, FCA quarterly meeting, to examine "Accidental Hypothermia: Facts and Myths." A second health committee priority is an examination of the future of Medicare and other health care systems benefiting the elderly.

1. Accidental hypothermia: Facts and myths

Although hypothermia is often associated with mountain climbers or homeless persons "freezing to death" outdoors, most victims of hypothermia are older people who die in their own homes, often at room temperatures that would only cause discomfort to younger persons. Temperatures do not have to fall below freezing to cause hypothermia in vulnerable individuals such as the elderly.

Despite recent developments in public health and safe energy education, most people are unaware of the problem of hypothermia and the danger it poses for vulnerable members of the community. The key to preventing hypothermia and related cold stress deaths, however, is the education of health care, social services, energy and aging professionals as well as those at risk. It is in this spirit of examining some of the key issues surrounding the topic that the hypothermia symposium was presented.

Symposium: Accidental hypothermia: Facts and myths

The symposium, "Accidental Hypothermia: Facts and Myths," opened with an address by Virginia Knauer, the Director of the U.S. Office of Consumer Affairs. Vice-Chairperson Charlotte Conable and Edmund T. Dombrowski, M.D., Chairman of the FCA Health Committee, served as moderators.

W. Moulton Avery, Executive Director of the Center for Environmental Physiology, Washington, DC, delivered an address on The Impact of Hypothermia on Older Adults. The U.S. Commissioner on Aging, Lennie-Marie P. Tolliver, Ph.D., Administration on Aging, Washington, DC, spoke about Spreading the Word to the Elderly: Education for Prevention.

Leonard Keilson, M.D., M.P.H., director of ambulatory medicine at Maine Medical Center in Portland, Maine, shared his recent research in hypothermia based upon a study he conducted involving elderly residents in Maine. He was followed by George H. Lawrence, president of the American Gas Association, who described the need for focusing on Private Industry as an Underdeveloped Resource.

Susan Mather, M.D., Program Chief of the Pulmonary and Infectious Diseases Division of the Veterans Administration, spoke about The Need for Diagnosis: Prevention through Awareness.

Kathleen Gardner-Cravedi, assistant staff director of the Subcommittee on Health and Long-Term Care, House Select Committee on Aging, and Mike Rodgers, professional staff of the Senate Special Committee on Aging, joined the panelists at this point to assist in the discussion that was led by Vice-Chairperson Conable and Dr. Dombrowski.

The FCA will distribute the proceedings during calendar year 1985.

After consideration of the presentations and discussions of the condition of hypothermia and its effects on the elderly, the Council concluded that public awareness on this issue should be heightened. Edmund Dombrowski, M.D., Chairman of the FCA Health Committee, noted the following important points that may require followup by the Council. They are:

—Older Americans are disproportionately subject to hypothermia.

—Some older Americans have difficulty discerning changes in temperature—which puts them at risk.

—No person who has been subjected to conditions of hypothermia should be declared dead until warmed to physiologic temperatures.

—Warming should occur in a hospital setting.

—Every hospital emergency room should have a cold measuring (low-reading) thermometer.

—Just as aging in and of itself is not an illness, neither is hypothermia, per se.

2. Medicare evaluation

Medicare is the Nation's largest federally financed health insurance program. Approximately 30 million aged and disabled Americans are currently provided basic health care protection through Medicare. Unanticipated demands on the Medicare program have, however, jeopardized its future, especially in the hospital insurance trust fund (part A). These demands, spiraling health care costs fueled by inflation and the dramatically increasing aged population, are raising the critical issue of Medicare financing. As early as 1988, the hospital insurance trust fund (HITF) is expected to be depleted with that deficit compounding from $200 to $300 billion by 1995.

Past efforts to contain Medicare health care costs have temporarily slowed their escalation, but no lasting solutions have emerged. The Advisory Council on Social Security (Medicare) has issued executive recommendations for maintaining the fiscal integrity of the HITF through 1995 and for providing improvements in the manner in which health care is financed and delivered. These recommendations present the expectation that some of the financial pressures on the HITF will be alleviated.

The FCA will analyze and evaluate the executive recommendations of the Advisory Council on Social Security (Medicare) as well as health care proposals endorsed by national leadership organizations. This analysis will provide the Council with factual information for consideration in formulating recommendations regarding Medicare and other health care systems benefiting the elderly.

III. FUTURE DEVELOPMENTS

In addition to the foregoing 1984 activities, several other Council efforts are expected to yield recommendations during 1985.

A. Caregiver Support Committee

At the September 1984 quarterly FCA meeting, and as a followup to the FCA's symposium on "The Working Person as Caregiver," the Caregiver Support Committee discussed the possibility of providing direct information to current and potential caregivers.

The committee recommended that the Council develop a small and attractive brochure that addresses common caregiver concerns, and that a one-page insert describing local assistance be provided with this brochure. Distribution is recommended through the workplace, doctor's offices, pharmacies, and other places in the community where older persons are likely to have easy access to such information.

The FCA is currently working with the Administration on Aging (AoA) and will be contacting other appropriate organizations that may be helpful regarding production and distribution of the brochures during calendar year 1985.

B. Housing Committee

The FCA Housing Committee will continue to research and examine innovative housing arrangements and the potential for home equity conversion during 1985. Coordination of elderly services with public housing will also be pursued, with the possibility of a field hearing in 1985 to further explore the issue on the local level.

The Department of Housing and Urban Development (HUD), in cooperation with the FCA and the Administration on Aging (AoA), will sponsor a 2-day conference on home equity conversion in Washington, DC, in January 1985.

C. Health Committee

The FCA Health Committee will continue to review and evaluate Medicare and other health care systems for the elderly. The FCA may conduct a factfinding session to supplement work being done in this area.

D. Awards Ceremony

The FCA is planning an awards ceremony to take place during May 1985 to celebrate the 20th anniversary of the Older Americans Act and commemorate Older Americans Month and the development of the "aging network." The awards will be designed to honor outstanding contributions to older Americans achieved through public and private partnerships.

Appendix 2

REPORTS FROM FEDERAL DEPARTMENTS AND AGENCIES

ITEM 1. DEPARTMENT OF AGRICULTURE

NOVEMBER 30, 1984.

DEAR MR. CHAIRMAN: In response to your request for an annual report covering the programs and services in the Department of Agriculture which are available to older Americans, I am pleased to enclose a series of agency papers detailing the Department's activities in this area.

Those agencies which provide activities on behalf of older Americans are: Office of Rural Development Policy; Forest Service; Farmers Home Administration; Economic Research Service; Food and Nutrition Service; Office of Equal Opportunity; Extension Service; Cooperative State Research Service; and Agricultural Research Service.

Sincerely,

JOHN R. BLOCK, *Secretary.*

Enclosures.

OFFICE OF RURAL DEVELOPMENT POLICY

The Office of Rural Development Policy, created by the Secretary of Agriculture, reports directly to the Under Secretary for Small Community and Rural Development. The Secretary has delegated to the Under Secretary responsibility for matters relating to rural development. The Office of Rural Development Policy has the responsibility to carry out the Rural Development Act of 1972, as amended by the Rural Development Policy Act of 1980. In addition, the office has the responsibility for working cooperatively with all USDA agencies, other appropriate Federal agencies, and State and local governments in addressing rural development policy issues. The office leads the executive branch effort in coordinating the formulation of the rural development strategy called for in the Rural Development Policy Act of 1980. This strategy takes into account the need to improve the economic well-being of all rural residents and address the problems of the elderly and otherwise disadvantaged rural residents. The following description reflects some of the activities conducted by the Office of Rural Development Policy that affect the rural elderly population.

The Office of Rural Development Policy (ORDP) staff prepared the second annual rural development strategy, entitled Rural Communities and the American Farm: A Partnership for Progress, which was submitted to Congress in April 1984. This report emphasizes the powerful link between the welfare of the farm and the nonfarm rural economies. Some of the major recommendations the report put forth that may impact on the rural elderly include:

—Creation of a national program for retired public service employees to volunteer to work in small and rural communities;
—Consideration of the impact of all farm policies on the nonfarm economy;
—Designation of a rural affairs staff position by Federal departments;
—Establishment of a clearinghouse for information on innovative small scale rural business opportunities; and
—Completion of a pilot project to assist States and local governments in assessing rural transportation needs.

The Office of Rural Development Policy and the Forest Service cosponsored an exhibit at the Food and Fitness Fair on the mall on August 16 and 17, 1984. The theme was "Are You in Shape to Fight WildFires." There was an exhibit displaying ready-to-eat-foods (freeze-dried and retort pouch) on a hollow board. The subtitle on the graphic square said "Nutritious Survival Foods." These survival foods can be used in remote rural areas by older people while waiting for their next opportunity to shop for food. Three fact sheets, entitled Fitness Trails, Food and Fitness Programs for Older Americans, and Food is Vital to Life were distributed at the exhibit.

The Office of Rural Development Policy is one of 12 agencies that signed a working agreement during the months of March, April, and May 1983 for the Consortium on Information and Referral (I&R) Services for Older People. The purpose of this agreement is to stimulate the development and strength of I&R network systems through cooperative and coordinated efforts of a consortium of Federal and public agencies, selected national voluntary organizations, and the private sector. The ORDP staff liaison has been attending and working with the Consortium in the implementation of its goals and objectives during 1983 and 1984. During 1985, the staff liaison will continue looking for "best practice" I&R information systems, promote outreach for the rural elderly, and encourage consortium members to address the rural elderly needs within their programs.

ORDP has taken the leadership role in the initiation of a task force to enhance the provision of supportive services to the rural elderly. The task force title is Supportive Services Enhancement Task Force for the Rural Elderly, and it includes representatives from the Farmers Home Administration, National Association of Area Agencies on Aging, Administration on Aging, Department of Housing and Urban Development, National Council on Aging, Department of Transportation, and Extension Service. Some of the activities of the task force so far are:

—Sent the AoA discretionary grant announcement for fiscal year 1985 to rural services providers;

—Reviewed Senator Larry Pressler's report, Rural and Small City Elderly, and developed and submitted recommendations to the ORDP Director; and

—Requested data from the National Area Agencies on Aging that addressed comparative analysis of urban/rural distribution of funds for program support, and analysis of nontitle III funds that are spent on the rural elderly population.

In addition to the above-mentioned activities, the ORDP staff, working closely with the Administration on Aging, has:

—Provided a list of rural service providers to be invited to the National Conference on Transportation for the Elderly and Handicapped and the International Conference, which were sponsored by the U.S. Administration on Aging, the Urban Mass Transportation Administration and other agencies in Orlando, FL, in October 1984.

—Assisted the Administration on Aging by providing suggested themes and speakers for the Commissioner's Forum that will be held in December 1984. Many of the suggestions were used by AoA.

—Sent all the State Agencies on Aging and Area Agencies on Aging a copy of the 1984 Rural Development Strategy Report.

—Served on the Public Health Service and the Administration on Aging Subcommittee on Health Promotion.

The ORDP staff has assisted the National Voluntary Organizations for Independent Living for the Aging (NVOILA) through enlisting the services of the Farmers Home Administration information staff to develop a new masthead for the NVOILA newsletter. This newsletter is distributed quarterly to 350 organizations and individuals.

As the principal coordinator, the ORDP staff initiated and completed the work to develop an Emergency Medical Services (EMS) interagency agreement. The agreement is between USDA (Farmers Home Administration and Forest Service) and the Department of Transportation (National Highway Traffic Safety Administration) to coordinate the three agencies' programs with rural America in the field. They are the Highway Safety Program (NHTSA), the Community Facilities Programs (FmHA), and the Rural Community Fire Protection Program (Forest Service). Limited technical assistance, loans, grants, and equipment for planning and implementing components of rural EMS systems may be available under one or more of these programs subject to budgetary and priority constraints in each agency. The purpose of this agreement is to provide for both the exchange and transmittal of information about Federal programs that are applicable to developing EMS programs and to provide points of contact for obtaining assistance to develop EMS program components and systems.

As the principal coordinator, ORDP has renewed the Rural Health Facilities Agreement between the Department of Agriculture and the Department of Health and Human Services during April and May 1984 which would provide additional facilities for medically underserved people in rural areas of the United States. The agreement will enable many rural areas previously unqualified to qualify for FmHA loans and it removes restrictions to the construction and renovation of rural health facilities.

FARMERS HOME ADMINISTRATION

HOUSING

(1) Section 502 rural housing loans are available to low-income persons who will reside in rural areas and currently do not own adequate, safe, and sanitary housing. The loans are made to buy, build or improve houses which are modest in size, design and cost. The interest rate on section 502 loans is currently 11.875 percent, with a maximum repayment period of 33 years. Low-income recipients must also qualify for a subsidy on the loans which could effectively lower the interest rate to as low as 1 percent. There were 596 loans made to the elderly during fiscal year 1984, and $25,829,570 obligated.

(2) Section 504 rural housing loans of up to $7,500 are available to low-income households who own housing in rural areas and who do not qualify for section 502 rural housing loans. The loans are used to remove health and safety hazards including: roof repairs, storm windows and doors, insulation, water and waste disposal systems, and other energy saving features. Terms are at 1 percent and up to 20 years.

Section 504 rural housing grants of up to $5,000 are also available to very low-income homeowners 62 years of age or older who cannot repay a section 504 loan. These funds are used for the same purposes as a section 504 loan. During fiscal year 1984, there were 3,642 grants obligating $12,499,900.

(3) The section 515 rural housing program provides rental or cooperative housing for persons with low- and moderate-income and for those age 62 and older in rural areas. The loans are repayable in not more than 50 years. During fiscal year 1984, 1,273 loans were made and $919,002,010 was obligated. Approximately 25 percent of these loans were made for the construction of elderly projects.

(4) Section 515 congregate housing for the elderly and handicapped. The FmHA has authority under the section 515 rural rental housing program to build congregate housing for the elderly and handicapped. Congregate housing is an alternative for the elderly and handicapped who need an assisted residential living environment. It offers the functionally impaired or socially deprived, but in good health (not actually physically ill), the residential accommodations with supporting services to assist them in maintaining, or returning to independent or semi-independent lifestyles to prevent premature or unnecessary institutionalization as they grow older.

The following supportive services are provided in the congregate housing: meals (at least one a day, 5 days a week), personal care and housekeeping services, transportation, social and recreational activities. Developers who apply to FmHA for loans to build congregate facilities must demonstrate their ability to provide these minimum services. In most instances, developers are coordinating with social service agencies to obtain support in the provision of services.

A joint demonstration program was formalized in a Memorandum of Understanding between FmHA and the Administration on Aging (AoA) in 1979. FmHA supported the construction of 10 specifically designed congregate projects (30 to 40 units each) in the amount of approximately $10 million. AoA provided 3-year demonstration funds to each of the 10 projects (annually $85,000) for services in each facility, including partial meal services, transportation, housekeeping and personal services, and social and recreational activities. The 10 demonstration projects are completed and fully occupied. The AoA provided a no-cost extension of this demonstration for fiscal year 1984.

An evaluation of the demonstration program was conducted under FmHA contract with the International Center for Social Gerontology (ICSG). The evaluation reports in detail on the experience of the first seven of the congregate demonstration projects and in a more limited way, two other ongoing FmHA funded 515 congregate projects that were developed without special demonstration support.

The agency has funded a total of 18 congregate housing projects.

6. FmHA has a staff person specifically trained in gerontology. FmHA personnel involved in programs for the elderly attend training sessions, seminars, conferences and work closely with other government agencies and organizations.

COMMUNITY AND BUSINESS PROGRAMS

Business and industry division

The Business and Industry (B&I) program guarantees loans for business and industrial development in rural areas under the Consolidated Farm and Rural Development Act, section 310B (7 U.S.C. 1932), Rural Industrial Assistance.

The B&I program serves the elderly in rural areas by guaranteeing loans which benefit the elderly directly or indirectly. During fiscal year 1984, the B&I program guaranteed four loans that aided the elderly. They are:

1. Pineview Nursing Home in the State of West Virginia for $1,300,000.
2. R & R Guilliams d/b/a Dewhurst, a home for the mentally retarded in the State of Ohio for $840,000.
3. Carriage Inn of Steubenville, a 100-bed nursing home in the State of Ohio for $2,400,000.
4. Clinica Font, Inc., a medical clinic in Puerto Rico for $1 million.

B&I guaranteed 73 loans in fiscal year 1984 for projects, many of which opened up employment opportunities for the elderly capable of employment. Since the program began in 1974, B&I has guaranteed loans for over 200 projects benefitting the rural elderly in the amount of $200,398,258. Such projects include physician and dentist offices, chiropratic and osteopathic offices, skilled nursing care facilities, general medical and surgical hospitals, medical laboratories, outpatient facilities, psychiatric hospitals, and health and allied services enterprises.

One hundred and forty-eight skilled nursing care facilities have been guaranteed for a total of $151,885,388.

WATER AND WASTE

Farmers Home Administration (FmHA) is authorized to provide loan and grant assistance to develop water and waste disposal systems that primarily serve rural residents in rural areas and in towns up to 10,000 people. Funds are available to public entities such as municipalities, counties, special purpose districts, and nonprofit organizations. Grant assistance may be made available for facilities serving the most financially needy communities to reduce user costs for eligible grant recipients to a reasonable level. In fiscal year 1984, 645 loans were made totaling $270 million and 276 grants totaling over $103 million.

Water and waste disposal loans and grants are made available directly to eligible applicants along with financial management assistance from FmHA personnel. This program is not specifically aimed toward helping only the elderly. However, through the program, needed water and waste disposal service is made available to all users in a service area including the elderly.

COMMUNITY FACILITIES LOANS

Health care

Sixty loans for $51.7 million, were made where older citizens benefitted. These loans included facilities such as sheltered care centers for the elderly, a dental clinic, hospitals, medical rehabilitation center, nursing homes, outpatient care clinics and physicians clinics.

Cultural and educational

In this area, six loans for $2.3 million were made for educational camps for the physically and mentally handicapped and public libraries.

Fire protection rescue and public safety

For these type services 61 loans for $6.9 million were made for facilities such as fire departments, fire trucks, rescue and ambulance service including buildings, ambulances and equipment.

Public buildings

For public buildings 10 loans for $3.4 million were made for facilities such as city halls, community centers, courthouses, social service buildings and adult day care centers.

There were no major changes in program and policy. Also, there are no new initiatives commenced in 1984 or planned for in 1985.

FARMER PROGRAMS

There is no program authority or internal policy specifically targeted toward the elderly in the Farmers Home Administration (FmHA) farm ownership (FO) and operating (OL) programs. The agency considers all applications on a first-come, first-served basis. All applicants must meet the necessary eligibility requirements for the programs. While there is no policy specifically targeted toward the elderly, FmHA does not discriminate against applicants based on age.

During fiscal year 1984, FmHA made or guaranteed a total of 8,717 FO loans in the total amount of $700,731,770 and a total of 60,167 OL loans in the total amount of $2,071,441,780. FmHA does not have statistics available to indicate the number of loans made to elderly persons.

FOREST SERVICE

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The U.S. Department of Agriculture, Forest Service, in cooperation with the Department of Labor, sponsors the Senior Community Service Employment Program (SCSEP), which is authorized by title V of the Older Americans Act. The SCSEP has three fundamental purposes: (1) Community services to the general public, (2) part-time employment and supplemental income, and (3) training and transition of participants to the private sector labor market. The program employs economically disadvantaged persons aged 55 and older in 38 States, Puerto Rico, and the District of Columbia. The SCSEP seeks to improve the welfare of the underprivileged, low income, elderly, and to foster a renewed sense of self-worth and community involvement among the rural elderly.

Program participants are involved in projects on national forest lands such as construction, rehabilitation, maintenance, and natural resource improvement work. Enrollees receive at least the minimum wage to supplement their personal incomes. A major benefit of the SCSEP program is the opportunity participants have to regain a sense of involvement with the mainstream of life through meaningful work. Additionally, valuable conservation projects are completed on national forest lands.

The Forest Service's interagency agreement for July 1, 1983 to June 30, 1984, provided $21.1 million, which employed 5,885 persons (21 percent were minorities and 33 percent were women). for every dollar invested in this program, the Government received $1.48 worth of conservation work.

During the July 1, 1984 through June 30, 1985 program, it is anticipated that 6,100 seniors will be employed with funding of $20.9 million. The Forest Service has initiated several experimental projects to devise new and innovative methods of training seniors and transitioning them into the private sector. One project involves the Job Corps Program where seniors are trained together with young adults. Both young and old benefit from this intergenerational program. The seniors receive vocational skills training and the young adults learn from their elders' experiences and the pride and satisfaction which is demonstrated in their work. Other experimental projects provide on-the-job training and work experience involving: work processing, clerical skills, cartography, photogrammetry, computer training, building contracting, and records management. The Forest Service will conduct eight separate experimental projects for older workers this year which involve several national forests and research stations throughout the country.

ECONOMIC RESEARCH SERVICE

During 1984, the Economic Development Division in the Economic Research Service (ERS) had several research projects with a focus on aging issues. The division's largest undertaking on the topic of aging is a study of the economic, demographic, and social impacts of retirement growth in a 10-county area of the Arkansas/Missouri Ozarks region. The 1984 phase of the project included data collection and data processing, with analysis and preparation of manuscripts scheduled for fiscal year 1985. USDA's 1984 expenditure on the retirement growth survey totaled approximately $390,000.

Another major study in the division assesses the demographic situation and trends of the Nation's rural and small town elderly population. A manuscript titled "The Rural Elderly" was presented at the annual meeting of the Population Association of America in Minneapolis, MN, in May 1984. In an invited presentation, findings of the study were also delivered to the Rural Delegates Council of the National Council on Aging, Washington, DC, November 8, 1984. An expanded analysis of the characteristics of rural older people is in progress, with plans to publish the results within the next year. Approximately $7,000 in portions of salary and computer time were expended on the project during fiscal year 1984.

Based on research carried out in the two previous fiscal years, ERS released a publication titled "Housing of the Rural Elderly," RDRR, No. 42. Using data from the annual housing survey, the study found that 15 percent of rural elderly household heads lived in inadequate housing compared with only 8 percent of the urban elderly. The study also looked at factors such as the affordability of housing among rural older people.

Two studies focused on the income characteristics of the nonmetro elderly population. One study showed that transfer payments, especially per capita Social Security payments, are an important source of income among rural and small town older people. A social indicators project compared poverty rates of nonmetro children and the elderly. The study found increasing rates of poverty among children for single years between 1969 and 1983, while poverty rates among the nonmetro elderly population declined during the same time period. The importance of Social Security, Medicare, and other transfer payments in reducing the incidence of poverty among the elderly was cited. Salary and computer processing expenditures on the two projects were nominal.

Another group of studies shows the importance of age as a variable in explaining the structure of agriculture. Research by ERS's Natural Resource Economics Division in collaboration with Cornell University used 1946 and 1978 USDA surveys of the characteristics of farmland owners and their farms. The median age of farmland owners was high in 1946 and even higher by 1978. Advancing age was shown to be related to smaller size farms, greater propensity to be farm landlords, to operate owned land exclusively, and the greater likelihood of being female.

A study in the Economic Development Division (EDD) focused on women farm operators and found their median age to be high (much higher than men's) and that almost half of women farm operators were 60 years of age or older. The study showed the importance among women of inheritance as a means of acquiring land and subsequently to becoming farmers.

Older farm operators in the Sand-Clay Hills area of Mississippi-Tennessee were the subjects of another study in EDD. This research found that almost half (46 percent) of all farm operators in the area were 55 years of age or over and that they controlled 43 percent of the farmland. Older farm operator households were characterized by low farm sales, farm incomes, and off-farm work incomes. Most derived their current cash income from non-farm non-work sources. Older farm operators in the area had, however, relatively high net worths and the majority were debt-free. Data used in the studies discussed above were not collected for the sole purpose of research on elderly farm owners and operators. Therefore, it is difficult to assess expenditures on each study. All of the studies included portions of salaries and computer time as part of the costs.

EXTENSION SERVICE AND STATE COOPERATIVE EXTENSION SERVICES

INTRODUCTION

Home Economics and Human Nutrition

Extension Home Economics provides educational programs for the aging and adult children of aging parents. Included are programs covering each of the Initiative areas: economic security and stability; food, nutrition and health; energy and environment; family strengths and social environment; and volunteer/leadership development. Emphasis for educational programs varies from State to State dependent on local citizens' needs. However, since the aging segment of the population is among the fastest growing, additional resources and cooperative and coordinated outreach programs are increasing in numbers and impacts.

Below are representative examples of Extension programs.

In *Washington* a program was initiated to reach homemakers, health care workers and family members with information on the physical, psychological and social stresses of aging. This was to help participants better understand the aging process and enhance the quality of their lives.

In *North Dakota,* death, dying, and aging was the focus of a major program. The program's goals are to help individuals and families learn better ways to cope with the stresses and concerns associated with such issues. Over 500,000 people were contacted by radio and 450,000 people by newspaper on topics related to coping with stress.

In *Rhode Island,* clothing options for Handicapped and Elderly persons was a major program. "Let Me Do It," "Clothing For Independent Living" and Access To Fashion" represent three major parts of the program. Each of these present clothing options for handicapped and elderly persons.

A *Connecticut* Extension Home Economics program involved over 40 agencies and business groups and 500 volunteers in planning and implementing Older Americans Day. Highlights included exhibits of available community resources, health screening activities, entertainment and a meal. This highly successful event will be repeated.

The *Richmond, Va.* Extension unit recruits, trains and supervises volunteers who provide services for the elderly homebound. A base of 30 volunteers remain in the program to help homebound elderly by providing news services, planning meals, conducting fire safety checks, giving instructions on keeping financial records and providing other needed services.

The *Mississippi* Extension Service Gerontology Specialist has trained 80 nursing home staff members through 9 training sessions. Included were such topics as communication skills, confrontation, validation and working with family members. Another program focuses on peer counseling training for older volunteers who are peer counselors. In addition, the Extension operated Center for Aging continues to offer 32 courses for agency personnel who earn both the undergraduate and the graduate certificates.

Georgia and *Texas* are expanding their Adult Sitter Training Programs throughout the State. In Texas, 100 volunteers completed the training and are providing services to the elderly for paid employment or in a volunteer basis or for family members. Teleconferencing and video tapes as well as onsite instruction are among the educational methods used.

The formation of support groups for families of elderly parents or relatives is a major pilot effort in *Oregon, New Jersey, Pennsylvania, Texas,* and *Delaware.* Successful resources, training curriculums and methodologies are being shared with other CES staffs and agencies and organizations. *Delaware* has assisted in the formation of a support group for 45 urban families who are caring for elderly relatives. Doctors, lawyers and professionals with service agencies are consultants for the educational sessions. Early reports indicate that family members are gaining knowledge and competencies that are reducing stress and creating a more desirable environment for all concerned. In *New Jersey,* a support group for caregivers to the elderly, PROP, Persons Responsible for Older Persons, was established in one county. PROP will continue as a part of a statewide aging project and will serve as a model for possible use in other counties.

The *Extension Home Economics Subcommittee on Policy,* Extension Service, U.S. Department of Agriculture and gerontologists in several States cooperated with private industry in developing a "how to" handbood and slide/tape program to help adult children with the challenges of helping older parents with adjustments necessary in the later phases of the life cycle. These resources are currently being made available to all States and territories in the CES system.

Another form of assisting families who have elderly relatives is to promote and assist with the formation and operation of adult day care centers. *Missouri* and other States are focusing on this initiative.

North Dakota, like other States, is continuing to provide training for county faculty in understanding the physiological, psychological, and sociological aspects of aging.

NATIONAL EXTENSION HOMEMAKERS COUNCIL

One of Extension's major audiences is the National Extension Homemakers Council (NEHC). This organization of over 500,000 volunteers is an informal, adult education group. It's members provide many educational programs for others and performs many community services. Below are typical examples of NEHC programs and projects that benefit older persons.

Involving nursing home residents in meaningful activities was the thrust of a *Colorado* EHC. One method used was to have working sessions with club members and residents making Raggedy Ann and Andy dolls for children admitted to the local hospital.

In *Hawaii,* members of the Extension Homemaker clubs serve on advisory committees such as the Senior Citizens Multi-Program, Maui County meals program advisory board and Molakai Association of Disabled.

Kentucky Extension Homemakers have attempted to make life more enjoyable for the senior citizens by providing entertainment for residents of nursing homes; teaching Extension lessons to residents of eight nursing homes; donating books and publications to senior citizens homes; providing information on medication and nutrition for the elderly; mailing 643 newsletters to senior citizens and distribution 12,959 handouts; and one urban club has been responsible for delivering Meals-on-Wheels, 1 day a week, for a year.

North Carolina EHC's serve as volunteers with Meals-on-Wheels; assist in transportation to church, doctor, shopping and at times provide joy rides. They send magazines to nursing homes; volunteer time at nursing homes; sponsor parties such as bingo, birthdays, etc; sit with patients; read to patients. Members have made such items as lap robes, bibs, and elbow pads. They have sponsored special learning programs for senior citizens, such as "How the Law Affects You," "Housing Alternatives for the Aging," and " 'Buddy' Program for Senior Citizens."

Wisconsin EHC's visit nursing homes on a regular basis to entertain, write letters, wheel patients to church services, play bingo, plan birthday parties, wheel patients to the beauty parlor, doctor, etc., within the home. They deliver Meals-on-Wheels; make regular phone calls to shutins to check on them; hold exercise classes; donate food to shutins, also make Christmas baskets, fruit baskets, etc.; work with public health nurse and drive elderly to doctor, dentist, shopping; and provide health care services on a limited basis.

Texas Homemaker members weatherized a senior citizens center; helped with senior citizens' gardens; provided $200 for improvements on a retirement center; purchased a steam table for a senior citizens center; purchased a blood pressure machine; made lap robes; operated a Christmas store at a nursing home; sponsored and delivered Meals-on-Wheels; took baked goods to a nursing home; and donated 450 gifts to nursing homes and VA hospitals.

4-H AND YOUTH DEVELOPMENT

Senior citizens continue to be a vital part of the 800,000 Cooperative Extension/4-H volunteers who teach youth and plan programs. Not only are senior citizens volunteering to work with 4-H or participate in intergenerational programs for the first time, there are many long-term 4-H volunteers. At the Western Regional 4-H Leaders Forum in March 1984, over 45 volunteers were recognized for serving 30 years or more as a 4-H leader. These people feel that 4-H helps to keep them young and growing.

Senior citizens enjoy sharing their expertise with 4-H'ers. *The Arkansas* 4-H Healthy Living Project mobilized volunteer resources within the senior citizen population who had expertise in health education or health-related fields to work with 4-H members to strengthen health education programs. The project focused on four concerns facing today's youth: exercise, alcohol, drug abuse, and cigarette smoking. The project was conducted in 20 counties and reached 2,277 youth. Fifty-nine retired persons served as volunteer adult leaders. Evaluation of the data indicated that 83 percent (1,890) of the youth and older adults had made a positive change toward each other. Ninety percent (2,049) of the youth showed an increase in knowledge in the four subject areas. These results were measured by a pre- and post-attitude scale and knowledge test—2,163 youth improved decisionmaking skills. The project has been expanded to all counties in the State.

Gardening continues to be an excellent way of involving senior citizens and youth. In *Texas* a project was designed to help low income youth develop an interest in vegetable gardening in rural and urban areas. The (1,890) 4-H and Youth Specialist trained youth development paraprofessionals and leaders to recruit senior citizens with home gardens and encourage them to volunteer some of their time to work with a small group of youth. Fifty senior citizens were recruited from ten selected communities in two counties to teach gardening skills for youth between the ages of 9 and 18. A senior citizen and two leaders worked with four youth per garden site. Through the educational effort that was put forth in this project, 200 youth were given an opportunity to develop pride and a sense of accomplishment by gaining knowledge through various practices adopted in site selection, planting a garden, selecting varieties of plants, preparing soil, fertilizing, watering, pest and weed control, mulching, and harvesting. The youth and senior citizens are now enjoying fresh and frozen vegetables for several months to come. If these homegrown vegetables had been sold at the Farmer's Market, it is estimated that at least $1,500 in profit would have been made.

People are proud of and like to share their heritage. *Michigan* 4-H, with the support of a grant from the National Endowment of the Humanities, developed the 4-H FOLKPATTERNS project area. This project was designed to help youths investigate cultural patterns in their communities, thus allowing them to develop skills in research and documentation. Lake County represents an example where 4-H FOLKPATTERNS is helping to solve a community problem. Lake County is very rural and has few economic resources; because of this, senior citizens and youth groups found themselves competing for use of community services and public buildings. 4-H FOLKPATTERNS became the vehicle for members of the two age groups to become more acquainted with each other by involving both groups in the same program. By interviewing seniors, youths learned much about their local heritage and the community of Idlewild, which is a traditional tourist spot for black people who live in metropolitan areas, by interviewing seniors. The program also became the driving force behind the effort to preserve the Shrine of the Pines. The shrine is a large collection of handmade wooden artifacts. In Muskegon County, a long-term project has been implemented to develop a history of black contributions to the county.

Again the program includes youth interviews with senior citizens. Across the State 8,686 youth participated in this program.

Senior citizens in four *Colorado* counties are teaching youth child care, human relationships, and improving family life. Youth learn how to care for younger children, work in day care centers, babysit, and how to relate to others. The program gives impetus to learning experiences that help young people deal with decisions affecting family life.

NATURAL RESOURCES AND RURAL DEVELOPMENT

This Extension program area provides education in leadership and organization development, business and economic development, and community services and facilities such as elderly health care and transportation.

A number of State Cooperative Extension Services are using computer assisted materials for nursing home budget analysis developed by *Missouri* Extension and Experiment Station researchers. Similar budget analysis materials on transportation systems for the elderly, developed in *Oklahoma*, are also being used to assist communities in several States in developing elderly transportation systems. As some rural communities experience population decline, Extension specialists are assisting them in developing senior centers and extended care facilities in underutilized community hospitals and other public facilities.

Farm couples in Illinois have participated with Extension in the development of an educational package, "Growing Older in Rural America: A Preretirement Planning Program for Farm Couples." This educational package includes materials myths and realities of aging, health, lifestyle changes, financial planning, social security, family records, and turning the farm over to the next generation.

In *Maryland* public policy education programs have identified specific needs of the rural disadvantaged elderly. This effort led to the formation of the Multicounty Public Interest Group, the Council of Seniors for the Lower Shore, and Extension policy education programs on health and human resources, aging, and local government processes. In other eastern shore counties, State energy Extension Service grants continue to support Cooperative Extension training programs for volunteers and area agency on aging personnel in conducting home energy audits, energy conservation counseling, and weatherization work.

A *North Dakota* Extension program, conducted in cooperation with the State Office of Aging Services and Energy Extension personnel, has given emphasis to energy auditing for senior citizens centers. A survey of senior citizen needs and levels of satisfaction with senior community services is being used to plan and coordinate senior services in rural areas.

Extension community development specialists in *Missouri* conduct surveys of the needs of the elderly and help develop community programs to meet those needs. Included in the activities resulting from these surveys are: formation of volunteer county committee to work with the Council on Aging and establish a self-supporting, volunteer-driven elderly transportation system; establishing ongoing volunteer county committees on aging to assist, educate, and gain citizen participation in meeting the needs of the elderly; training of area agency on aging personnel in needs assessment and program development; and conducting educational programs and developing volunteer groups to provide elderly assistance in income tax form preparation, housing and health services for the elderly, crime prevention, and foster grandparents training.

In a cooperative effort with the State energy office, the Council on Aging, and Community Action groups, *Vermont* Extension Service continues to place increased emphasis on reaching low income and elderly Vermonters with home energy education and energy audits. Seventeen Energy Outreach Advisors, located in Extension offices throughout the State, seek to audit a total of 119 homes each week. Most low cost-no cost recommendations are carried out, so elderly Vermonters are saving considerably on energy costs.

FOOD AND NUTRITION SERVICE

THE NATIONAL NUTRITION SERVICES FOR THE ELDERLY PROGRAM

Via the Department of Health and Human Services' (HHS) Nutrition Services for the Elderly Program, FNS' Food Distribution Program donates foods and cash in lieu of foods to the elderly. Services are provided under title III (congregate meals or home-delivered meals) and title VI (grants for Indian elderly administered like title III via Indian reservations) of the 1965 Older Americans Act, as amended. Fiscal year 1984 program cost was over $118 million.

State aging agencies receive grants from HHS and designate area agencies to coordinate the program through local service providers. States request Department of Agriculture (USDA) commodities, cash in lieu of commodities, or a combination of both for use at local sites. The amount of assistance FNS provides each State is based on the number of meals served in the program and the level of assistance per meal legislatively authorized.

Area agencies provide nutritional services in schools, community centers, churches, public housing, and other sites located near the majority of the elderly. Meals are provided at least once a day, 5 or more days a week when possible, and transportation as well as home-delivered meals are provided when possible.

Persons 60 years old and their spouses, regardless of age, are eligible to participate in this program. While area providers may suggest appropriate receipient contributions based on local economic conditions, each person decides what he or she can contribute toward a meal; however, meals are served free regardless of contributions.

FOOD STAMP PROGRAM

There are various special provisions in the Food Stamp Program which assist households with elderly members and which address specific needs of the elderly. In general, households with elderly members are allowed more lenient income and asset eligibility limits. Special deductions or enhanced deduction limits effectively increase benefit levels. Other program and administrative rules are relaxed for the elderly to increase their access to the program and to increase the utility of the program's benefits to them. Approximately 8.6 percent of an average of 21.6 million program participants per month in fiscal year 1983 were age 60 or older. Following are the program's special provisions designed to assist the Nation's elderly in achieving an adequate and nutritious diet.

ELIGIBILITY

Special income eligibility test.—Households containing an elderly or disabled member are required to meet only the program's net income eligibility standards. Other food stamp households must meet both the net and gross income eligibility standards for the Food Stamp Program.

Allowable assets.—Households of two or more persons containing an elderly member may have up to $3,000 in assets and still be eligible for program benefits. All other households are limited to $1,500 in assets.

Household definition.—Permanently disabled elderly individuals unable to purchase and prepare meals and who live with others may be considered a separate household for food stamp purposes. However, the income of the household with which the individual resides may not exceed 165 percent of the poverty line. Elderly or disabled persons are also exempt from the requirement that parents, children, and siblings who live together must be considered as one household for program application purposes.

Student.—Persons age 60 or older are exempt from the program's student provisions which render most students ineligible for program benefits.

DEDUCTIONS AND BENEFITS

Shelter deductions.—Food stamp policy permits households with an elderly or disabled member to deduct all shelter costs in excess of the household's adjusted income.

Medical deductions.—Program rules permit households with an elderly member to deduct all medical expenses exceeding $35 per month from its adjusted income.

Dependent care deductions for working adults.—Food stamp households may deduct up to $125 per month for the care of an elderly or disabled person when such care enables a household member to accept or continue employment or to participate in training or education preparatory to employment.

Income exclusion.—An exclusion from household income is allowed for elderly persons who are recipients of payments under the Retired Senior Volunteer Program and the Foster Grandparents Program.

ADMINISTRATION AND ACCESS

Certification up to 1 year.—Households with elderly or disabled members may be certified for the program for a 1-year period or even longer in some cases. The average nonelderly household was certified for 7 months; the average elderly household was certified for 10 months.

Joint processing.—Program rules permit elderly and disabled households to apply for food stamp benefits at local Social Security offices at the same time they apply for Supplemental Security Income (SSI) benefits.

Certification and issuance services.—Elderly and disabled persons who have difficulty in traveling to a food stamp certification or issuance office may fill out program applications at home and be interviewed by phone or in the home. The certifying office may then issue food coupons to the household by mail.

Use of an authorized representative.—Elderly and disabled individuals may designate an authorized representative to apply for food stamps for the household, report for the required interview, receive food coupons for the household, and shop for the household's food.

Work registration exemption.—Elderly individuals are exempt from the program's work registration requirements which mandate that most applicants register for employment to be eligible for food stamp benefits.

Periodic reporting exemptions.—Elderly persons with no earned income and who live alone or with others who are elderly or disabled are not required to file reports under the program's mandated periodic reporting/retrospective accounting system.

Residents of institutions.—Residents of federally subsidized housing for the elderly may participate in the Food Stamp Program. Participation of residents of other institutions is generally prohibited.

Special use of food coupons.—Elderly food stamp recipients may use their food coupons to purchase meals at a communal dining site or from a meal delivery service. During fiscal year 1983, 1,981 communal dining facilities and 1,304 Meals-on-Wheels operations were authorized to participate in the Food Stamp Program.

OTHER FOOD ASSISTANCE

USDA also provides food assistance to the elderly through the Food Distribution Program for Charitable Institutions (i.e., homes for the aged, soup kitchens, Meals-on-Wheels). To be eligible, institutions must be nonprofit and serve meals on a regular basis. Needy elderly persons may also be eligible to receive food assistance through the Temporary Emergency Food Assistance Program, title II of Public Law 98-8, which distributes commodities to households based on economic need. The 1981 Food and Agriculture Act (Public Law 97-98) authorized a pilot project targeted to low-income, mainly homebound elderly persons. Funded at $1.35 million for fiscal year 1985, the project provides commodities at three sites.

OFFICE OF EQUAL OPPORTUNITY

OVERVIEW

The Office of Equal Opportunity (OEO) is the staff office of the Department of Agriculture (USDA) responsible for providing leadership and direction to assure nondiscrimination and equal opportunity in USDA programs.

The OEO does not administer any programs or activities designated for older citizens nor does it provide any services or grant programs for the elderly. However, OEO is responsible for the development of departmental regulations to implement the Age Discrimination Act of 1975 (ADA). In addition, OEO is responsible for compliance and enforcement monitoring of USDA programs and activities to ensure their compliance with the Act and USDA regulations.

The following outlines activities taken by the Department to implement the provisions of the act, and to develop a Departmental regulation.

DRAFT REGULATIONS

In September 1980, USDA published draft regulations (45 CFR 61309) to implement the act in accordance with guidelines set out by the Department of Health and Human Services (HHS) formerly the Department of Health, Education, and Welfare. At the time of publication, comments on the proposed rule were solicited from USDA program agencies, the public and interested groups and organizations. Comments received were evaluated and considered in development of the final regulation. Following appropriate departmental clearances and approvals, the USDA final regulation was forwarded to HHS where it was subsequently approved in July of 1984. In its letter of approval HHS indicated that some changes had been made to to HHS governmentwide regulations and further noted that the Department may want to consider making the same changes to its final regulations. Currently, OEO is reviewing the HHS final regulations to determine if any changes are required to the

USDA final regulation. OEO anticipates that final ADA regulations will be ready for Federal Register publication by January 1985.

PROCESSING COMPLAINTS FILED UNDER THE AGE DISCRIMINATION ACT OF 1975

In accordance with the act and the HHS guidelines all age discrimination complaints filed with the Department are referred to the Federal Mediation and Conciliation Service (FMCS) for mediation.

Since January 1984, 16 complaints have been filed with the Department alleging age discrimination. Fifteen of the complaints filed are against the Food Stamp Program administered by the Food and Nutrition Service. Four of the 15 cases referred to FMCS have been closed with no discrimination indicated. The remaining 11 cases are still pending.

Complaint cases with multiple allegations (i.e. include other allegations such as handicap, sex, national origin, etc.) are processed in accordance with normal Departmental complaint processing procedures.

In these cases, OEO requests that the program agency charged in the complaint conduct a preliminary inquiry into the allegations and report findings to OEO.

Based on agency findings, OEO determines if a full OEO investigation is warranted.

Of the complaints filed, one includes another allegation (handicap) in addition to age. This complaint was filed against the Agricultural Stabilization and Conservation Service. Findings resulting from the preliminary inquiry indicated there was no discrimination on the basis of age or handicap.

There are no restrictions based on age for participation in either of the programs cited; nor have any patterns or practices of discrimination been identified in USDA programs.

RURAL ELECTRIFICATION ADMINISTRATION

The Rural Electrification Administration (REA) does not conduct direct programs designed exclusively for the benefit of older Americans.

Our programs to finance rural electric and telephone facilities, however, reach many older persons who are member-owners or subscribers of the agency's borrowers. REA borrowers, while providing essential utility service to all segments of our population, may also engage in special voluntary and independent activities which aid the elderly residing in their service areas. As examples, borrowers may provide educational assistance to help older persons in budgeting or paying utility bills and borrowers' newsletters frequently carry feature stories relating to problems faced by older persons concerning health, medicine, and insurance matters.

AGRICULTURAL RESEARCH SERVICE

The Human Nutrition Research Center on Aging (HNRCA) was established in fiscal year 1980 in response to a mandate of Congress. The new 15-story building, completed in 1982, provides 200,000 square feet of floor space and is located adjacent to the health sciences campus of Tufts University and the New England Medical Center. The HNRCA is operated as a government-owned, contract-operated facility (GOCO), through an agreement signed in November 1984 by Tufts University and USDA. The mission of this center is to determine the nutritional needs of the elderly and the relationship of dietary factors to the aging process. The center will conduct research to determine the way in which diet and nutritional status influence the onset of aging and the course of maturing. Research will be conducted into the ways in which diet, alone and in association with other factors, can delay or prevent the onset of the degenerative changes commonly associated with the aging process. Researchers will also attempt to identify nutrient requirements during aging and the ways in which an optimal diet, in combination with other factors—heredity, constitutional, psychological, sociological, and environmental—may contribute to health and maintenance of physiologic function over the lifespan of man.

The center is conducting a comprehensive nutritional status survey in special elderly populations in the Boston area. Special attention is being given to describe the distribution of nutrient intake and blood levels in selected free-living elderly Chinese men and women over 60 and to compare the nutritional status in elderly Chinese volunteers participating or not participating in public feeding programs. The study also will determine the role of medication and vitamine-mineral supplementation usage on nutritional status.

A second study also is underway to determine distributions of anthropometric measurements and of nutrient intakes and blood levels in selected free-living and institutionalized elderly population of men and women over 60. Analysis of demographic, social and medical history information will be used to compare the data from this survey with previous health surveys. Attention will be given to drug-nutrient interactions.

While the HNRCA focuses primarily on the elderly, ARS does human nutrition research to benefit all of us from birth through our senior years. Long-range plans include further defining human nutrition requirements at all life cycles.

COOPERATIVE STATE RESEARCH SERVICE

RESEARCH OF BENEFIT TO THE ELDERLY

The U.S. population is growing older, both in average age and in number of individuals living to advanced age. Older persons have become increasingly dependent on current personal income for their livelihood. There is increasing recognition that the variation in nutritional requirements of the elderly is the greatest of any group, and is different from any other age group. Furthermore, problems of the elderly are aggravated by the present inflationary trends, particularly the vastly increased costs of food, housing, health care and transportation, which results in older people tending to spend a greater proportion of their budgets on these items than do younger people. For these reasons, increased research attention is being given to problems of the elderly. A systematic research effort is in progress and it is designed to improve understanding and provide knowledge regarding the conditions and needs of older people and the institutional mechanisms required to serve the elderly.

Specific research programs designed to benefit the elderly are as follows:

I. Food and Nutritional Requirements

Food is a large item in the budgets of the elderly. The elderly are concerned about the quality, safety, wholesomeness, nutritive values, standards, and cost of food. Control of weight is considered very important by older people. Interest and concern about nutrition remains high and there is an increasing awareness of the relationship(s) between health, diet, and food, including a growing interest in possible relationships between diet and mental well-being. There is need for credible information about the nutritional requirements and about the bioavailability of specific nutrients and the relationship to health maintenance. A better understanding of the factors affecting food choices of the elderly is required in order that speciality or tailer-made foods may be developed to meet the special needs of the aged and so that improved systems of handling, delivery, and institutional feeding may be designed.

Specific studies underway include: delineation of individual dietary components and the interactions that may occur between such components, nutrient requirements, bioavailability of nutritients, nutritional status, nutrient absorption, food habits and choices, and food delivery practices, including institutional feeding.

Related food product development research on speciality foods of interest and benefit to the elderly, although not limited to them, includes: development of: dietary foods, caffeine free, low sodium, low cholesterol, low fat, low calorie and high fiber foods. Food packages that are tamper-evident, yet easy-opening for the elderly, are being developed. Concepts such as pouch, boil-in-bag, individual serving, and portion-control are also of interest and under development.

II. Housing and Environment

Housing, the individuals context for living, has an especially decisive effect on the lifestyle and well-being of elderly persons. Good housing should provide the necessary physical and social characteristics campatible neighborhood, and supportive and conveniently available services at reasonable costs. Hardly a residential design feature exists, from toilet bowls to kitchen cabinets, which cannot be made more convenient for the elderly as well as everyone else. Other prime considerations are accessibility and security. Specific studies include: evaluation of new concepts of space use and design of elements such as stairs, doorways, closets and bedrooms; alternative spatial arrangements; psycho-socio-cultural aspects; aesthetic aspects; and economic aspects.

III. Social, Community and Health Services

The social structure of the community and the availability and delivery of health and community services, including transportation, recreation and human development opportunities are important concerns of the elderly. The importance of a "continuum of care" which recognizes the differing needs of the elderly is receiving greater attention.

Research designed to identify factors that affect the socio-economic well-being of elderly and how these factors operate includes: living arrangements; relationships of older people; economic resources; access to transportation, health care and community services; recreation; and resources and financial management.

ITEM 2. DEPARTMENT OF COMMERCE

DECEMBER 7, 1984.

DEAR MR. CHAIRMAN: Thank you for your letter regarding Department of Commerce programs pertaining to older Americans.

Enclosed is our report for 1984. The DOC does not administer any department-wide activities regarding older citizens. However, our report includes descriptions of relevant programs that benefit the older population and should be included in Development in Aging, part 2.

Sincerely,

MALCOLM BALDRIGE, *Secretary.*

Enclosure.

1984 REPORT ON AGING

BUREAU OF THE CENSUS

Current Population Reports

	No.
Series P-20:	
Voting and Registration in the Elections of November 1982	383
Fertility of American Women: June 1983 (advance)	386
Households and Family Characteristics: March 1983	388
Marital Status and Living Arrangements: March 1983	389
Households, Families, Marital Status, and Living Arrangements: March 1984 (advance)	391
Geographical Mobility: March 1982 to March 1983	393
Series P-23:	
Selected Characteristics of Persons in Social Science and Psychology	125
Labor Force Status and Other Characteristics of Persons with a Work Disability: 1982	127
America in Transition: An Aging Society	128
Population Profile of the United States: 1982	130
Voting and Registration Highlights from the Current Population Survey: 1964 to 1980	131
Earnings in 1981 of Married-Couple Families, by Selected Characteristics of Husbands and Wives	133
Selected Characteristics of Persons in Computer Specialties: 1978	134
Selected Characteristics of Persons in Engineering: 1978	135
Lifetime Work Experience and Its Effect on Earnings: Retrospective Data from the 1979 Income Survey Development Program	136
After-Tax Money Income Estimates of Households: 1982	137
Demographic and Socioeconomic Aspects of Aging in the United States	138
Series P-25:	
Provisional Projections of the Population of States by Age and Sex: 1980 to 2000	937
Estimates of the Population of the United States, by Age, Sex, and Race: 1980 to 1983	949
Estimates of the Population of States by Age: July 1, 1981 to 1983	951
Projections of the Population of the United States by Age, Sex, and Race: 1980 to 1983	952
Series P-60:	
Lifetime Earnings Estimates for Men and Women in the United States: 1979	139
Characteristics of Households and Persons Receiving Selected Noncash Benefits: 1982	143
Characteristics of the Population Below the Poverty Level: 1982	144
Money Income and Poverty Status of Families and Persons in the United States: 1983 (advance)	145

Money Income of Households, Families, and Persons in the United States: 1983	146
Series P-70:	
Economic Characteristics of Households in the United States: Third Quarter 1983 (Average Monthly Data from the Survey of Income and Program Participation)	1
International Research: International Trends and Perspectives: Aging	12

Other Reports, Papers, and Continuing Work

Continuing work on estimates of coverage of the older population in the 1980 census.

Continuing work on evaluation of centenarians in the 1980 census.

Continuing research on methods of projecting mortality in the United States.

Continuing work on the quality of the data on the characteristics of the elderly.

NATIONAL BUREAU OF STANDARDS

Dental Materials

NBS research in dental materials is focused on composite restorative materials, dental cements, alternatives to costly gold alloys and porcelain prosthesis, and basic studies of calcium phosphate compounds (found in teeth, bone, and pathologically mineralized tissue). The emphasis on composites lies in improving durability and wear resistance, storage stability and adhesion to tooth structure. Improvements will reduce costs and extend useful lifetimes of teeth. Research on dental cements is aimed at improved sealing of restorations to help prevent further deterioration of dental and oral tissues. Development of alternatives to costly gold alloys can expand the range of materials available for specific treatments, including new combinations of ceramics and metals for dental crowns. Basic studies on the chemistry of calcium phosphate compounds have shown that octacalcium phosphate is a precursor to formation of hydroxyapatite, the main mineral constituent of teeth and bone. Understanding of the effects of biological compounds or inorganic ions on precipitation of these minerals could greatly improve treatments of oral calcified tissue diseases and reversal of dental decay, bone diseases and atherosclerotic conditions. NBS staff hold key leadership positions on American Dental Association/American National Standards Institute (ANSI) committees as well as the International Standards Organization for development of voluntary standards for dental materials.

Synthetic Implants

Bureau scientists are involved in research on the properties and performance of a number of materials used (or with potential use) for surgical implants. Recent emphasis is on the application of porous metal coatings (to improve fixation to tissue) and production of special coatings such as metallic glasses (to improve corrosion and/or wear resistance). The introduction of porous coatings increases surface area and changes chemical compositions. This must be compensated for by producing more corrosion resistent surfaces. Techniques for electrodeposition of corrosion resistant metallic glasses as well as special wear resistant surfaces are being investigated. One method of fixation uses a polymeric bone cement. Progress has been made on improving strength, reducing in situ curing shrinkage (important to a tight fitting fixation), and lowering the tissue damaging heat released on curing. Current efforts are aimed at improving radiopacity (for detection by x-rays) via direct incorporation of radiopacifying elements into the polymer molecules. This eliminates the need for weakening of cement with particulate filler radiopacifying agents; hence, the working life of an implant is extended. NBS staff are important contributions to voluntary standards efforts with the American Society for Testing and Materials F-4 Committee on Medical and Surgical Materials Devices and with the Medical Device Standards Management Board of ANSI.

Therapeutic/Diagnostic Materials and Devices

One element of research by NBS scientistis in this area is aimed at developing x-ray imaging subtraction techniques for delineation of biomaterials that may have images obscured by surrounding tissues. The x-ray intensity transmitted through tissues and materials of different densities is dependent on the x-ray energy and those densities. Because the x-ray energy-density interaction is not linear, it is possible to use x-ray beams of two different energies and subtract the effects of one from those of the other, thereby yielding enhanced images for diagnostic and therapeutic procedures. Other work involves the development of micro in vivo gamma ray dosimetry for careful monitoring of therapeutic doses. This will aid in control of radiation dose to tumors and minimize damage to healthy tissue. A program also exists to develop materials that mimic human tissue response to sound or radio-frequency fields. These materials can then be used to calibrate diathermy equipment and control the heating of tumors and healthy tissues. Tumors are more readily destroyed by heat.

Fire Research and Safety

NBS has developed a fire safety evaluation system (FSES) for community-based residential care facilities. The FSES is used to determine whether a facility has the level of fire safety protection prescribed by a code such as the National Fire Protection Association's Life Safety Code. When retrofit of an existing building is required, the system permits more flexibility than a prescriptive code in selecting the fire protection features to be used in obtaining the needed level of fire safety. This flexibility frequently results in significant cost savings without sacrificing safety when upgrading existing buildings and designing new buildings or major renovations.

The community-based residential care facilities serve the aged and other special groups that do not need the degree of care or restraint and high costs of formal institutions. Some of these facilities have recently been involved in disastrous and tragic fires. The evaluation system covers a wide range of building sizes, residential needs, and levels of care. NBS has submitted a proposal to the National Fire Protection Association (NFPA) to include a new classification of occupancy specifically recognizing these residences in the Life Safety Code. The submission contains recommended fire safety requirements for this occupancy along with the evaluation system. The system has been approved by the NFPA's Life Safety Code Committee. The NFPA is expected to approve the evaluation system for inclusion in the 1985 edition of the code.

The NBS Center for Fire Research is also developing fire and smoke hazard assessment models that will permit accurate estimates of the time available for escape or rescue before hazardous conditions are reached in a building due to a fire. A first model of smoke and toxic gas hazard assessment has been developed that predicts the onset of hazardous conditions from a known fire on a single floor. Such models will provide designers and builders, code officials and building owners with better information on which to base design of exits, escape routes, use of materials, use of smoke and fire barriers, etc. This information is particularly important for facilities that serve the aged and other special groups that require significant time in a fire situation before they can escape or be rescued.

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA)

Natural Hazards

The National Weather Service provides warning services as often as required to the general public and issues other routine forecasts and weather-related information several times daily. Although these services are useful to all citizens, it is especially important to the elderly who in general are more susceptible to discomfort or medical complications as a result of weather extremes or to those that might need special assistance because of limiting physical conditions. Forecasts of severe storms, extreme cold or heat, floods, tornadoes, hurricanes, and air pollution episodes help older citizens take appropriate actions to avoid or mitigate predicted environmental hazards. NOAA Weather Radio (NWR) can be especially helpful because the rapid receipt of warnings can often compensate for the fact that many older citizens need more time in which to take necessary precautions. NWR provides continuous 24-hour coverage of local weather warnings and forecasts from a nationwide network of FM radio transmitters. The information can be received in the home on inexpensive special frequency radios.

PATENT AND TRADEMARK OFFICE

The Patent and Trademark Office maintains a program which permits a patent applicant who is 65 years of age or older to have the examination of their patent application accelerated. The patent application can be given this special handling upon a showing, as by a birth certificate or the applicant's affidavit or declaration, that the applicant is 65 or older.

Normally, new applications are examined by the Patent and Trademark Office in the order of their effective U.S. filing dates. In the case of accelerated examination, the application is examined as soon as the request for acceleration is granted.

NATIONAL TECHNICAL INFORMATION SERVICE

The National Technical Information Service (NTIS) is the central source for the public sale of U.S. Government-sponsored research, development, and engineering reports, including the social sciences, and specifically, reports on the aging and the elderly. These reports cover many issues of concern involving the elderly, such as social, health, and transportation problems and services.

During the 1982-83 interagency agreement period, NTIS accepted approximately 3,000 Administration on Aging (AoA) reports into its inventory. All of these reports are available to the public in both paper copy and microfiche form.

A Title Index to a Collection of Reports on the Aging Process (3,855 titles), PB84-246479, is now publicly available from NTIS. The collection consists of published and unpublished documents in the social-behavioral and social practice areas of gerontology. The documents were produced between 1965 and 1978. In 1974 and 1975 the Administration on Aging gathered (1) statistical material on the low-income elderly, the impaired but noninstitutionalized elderly, minority elderly, and services and programs for the elderly; and (2) collected information on federally funded research in aging. The reports are mainly reprints, pamphlets and congressional hearings.

This agreement between AoA and NTIS also covers the microfilming and distribution of all materials to selected depositories throughout the United States.

Funding for continuation of this portion of the AoA program will not extend beyond fiscal year 1984, unless additional funding is provided by AoA.

ITEM 3. DEPARTMENT OF DEFENSE

November 15, 1984.

Dear Mr. Chairman: Your letter of October 17, 1984, asked for a report from the Department of Defense chronicling activities on behalf of the older Americans.

It is hoped that the enclosed report will be of value in this important program area of concern to us all. Should further information be desired a point of contact on this staff is Larry Kirsch on 697-5421.

Sincerely,

Claire E. Freeman,
Deputy Assistant Secretary of Defense
(Civilian Personnel Policy and Requirements).

Enclosure.

1984 Report: Developments in Aging

This Department continues to operate a comprehensive retirement planning program for Defense Federal Service employees. Integrated into the overall personnel management process, our program is designed primarily to assist employees in their adjustment to retirement and to assist management in planning for replacement of work force needs. It encourages extensive preretirement counseling for employees (and their spouses in many instances) on such subjects as financial planning, health needs, leisure time activities, living arrangements and personal guidance. Recent training emphasis has been given on medicare and Social Security issues. The program also includes trial retirement and gradual retirement options for employes where feasible. We believe our program helps alleviate many of the problems that employees have encountered in the past when approaching retirement age. We expect to continue operation of this program in 1985.

The military departments and the Defense agencies, in cooperation with community health officials, continue to provide a number of occupational health programs and services to employees, and in some cases, to former employees who have retired. Many of these programs and services are designed to address problems generally associated with increasing age. Included are health guidance and counseling, periodic testing for diseases and disorders, immunizations, and treatments.

Within the Department of Defense, we continue to eliminate discrimination based upon age. We are examining personnel policies, practices, and procedures for possible conflict with equal employment opportunity intent, including discriminatory use of age.

In summary, this Department has operated a comprehensive retirement planning program for civilians, provided extensive health care services to employees and carried out a positive program to preclude discrimination based on age. These program efforts will be continued in 1985.

ITEM 4. DEPARTMENT OF EDUCATION

JANUARY 10, 1985.

DEAR MR. CHAIRMAN: Thank you for your letter requesting our portion of the annual report to be included in Developments in Aging.

The amended portions that pertain to the Department of Education are enclosed as requested.

Sincerely,

ANNE GRAHAM, *Assistant Secretary.*

Enclosure.

ADULT EDUCATION

The U.S. Department of Education is authorized under the Adult Education Act, Public Law 91-230, as amended, to provide funds to the States and outlying areas for educational programs and support services benefiting all segments of the eligible adult population. The purpose of the act, which was reauthorized in 1984 for 4 years, is to encourage the establishment of programs of adult education that will enable adults 16 years of age or who are beyond the age of compulsory school attendance under State law:

(1) to acquire basic skills needed to function in society; and

(2) to continue their education until completion of the secondary level, if they so desire.

Those adults who have completed the secondary level but are functioning at a lower level are eligible to participate in the program. Students seeking employability skills are also given the means to secure training which will help them to become more employable, productive, and responsible citizens. Federal funds support up to 90 percent of each State's program and up to 100 percent of the program in outlying areas. At least 10 percent of each State's allotment must be used for special experimental demonstration projects and teacher training. In addition to the State administered program, the act authorizes support for applied research, development, demonstration, dissemination, evaluation and related activities which will contribute to the improvement and expansion of adult education. These activities may include improving adult education opportunities for elderly individuals and adult immigrants.

In order to discuss the specifics of the efforts aimed at older adults, one must first be aware of the demographic changes which have a profound impact upon the efforts. According to the 1980 census, the median age of the population in that year was 30.1 years. By 1990, the median age is expected to rise to 33 years. This "graying" of the U.S. population will inevitably continue for several decades after 1990.

The education of older persons has rarely ranked high as an educational priority in the United States, although the 1970's may well be considered the decade of growth in educational gerontology. Demographics have tended to make this development inevitable. Nearly half of the 15.6 million adults 70 years old and over, and about 36 percent of the 8.6 million adults aged 65 to 69 have had 8 years of schooling or less (1980 census data). Such a high incidence of under-education indicates a need for emphasizing effective basic and coping skills in programs for older adults.

The adult education program, which is administered by the Office of Vocational and Adult Education (OVAE), is charged with addressing these needs. In 1981, the total number of participants in the program was 2,278,526. The number of participants in the 45 to 59 year range was 128,995, and that of the group 60 and older was 144,894. The number of participants aged 45 or older increased 7 percent between 1980 and 1981. Currently some 20 percent of persons in adult education programs are 45 years of age and older.

The adult education program addresses the needs of older adults by emphasizing functional competency rather than grade level objectives. Special projects improve services for older persons through individualized instruction, use of media, home-based instruction, and through curricula focused on coping with daily problems in maintaining health, managing, money, using community resources, understanding government, and participating in civic activities.

Equally significant is the expanding delivery system, including radio, television, and courses by newspaper, as well as clearinghouses and satellite centers designed to overcome barriers to participation. Where needed, supportive services such as transportation and lunch are provided as well as outreach activities adapting to the life situations and experience of older persons. Self-learning preferences are recognized and assisted by providing information guidance and study materials. To reach more older persons, adult education programs go into senior centers, nutrition programs, nursing homes, retirement centers and day care centers.

To more effectively meet the needs of older adults, OVAE developed a memorandum of understanding with the Administration on Aging, U.S. Department of Health and Human Services. The intention of this memorandum was to foster closer coordination between the network of organizations providing services to the Nation's older persons and educational organizations and institutions responsible for providing adult education opportunities. Several objectives were identified to achieve this goal: (1) To increase awareness of the need to expand educational opportunities for older persons; (2) to disseminate information about existing model efforts under way in order to encourage their replication; (3) to identify opportunities for establishing or strengthening links between these two systems; (4) to encourage expansion of educational opportunities that will strengthen the capacity of older people to maintain their independence; and (5) to pursue special activities to provide home-based educational opportunities using appropriate technological approaches. State units on aging and State adult education offices were asked to identify programs that provided educational services for older persons. Through the combined efforts of OVAE, the Administration on Aging, and State personnel, 64 model efforts were identified. A compilation of these program profiles was sent to the State education and aging services in early 1984.

Under this agreement, State units on aging and State educational agencies receive information developed jointly by OVAE and the Administration on Aging. As efforts are made at the national level to collaborate in this major effort, it is important that similar efforts be made at both the State and local levels. Fifteen States have established such efforts at the State level; some seven States have developed formal memoranda of understanding between the State unit on aging and the State educational agency.

In conclusion, the national adult education program will continue to seek to meet the learning needs of a growing number of older Americans. Increased cooperation among the organizations, institutions, and community groups involved in this area at national, State, and local levels should lead to increased sharing of resources and improved services.

REHABILITATION SERVICES ADMINISTRATION

PROGRAM OPERATIONS

Basic Vocational Rehabilitation Program

The Rehabilitation Act of 1973, as amended, authorizes the allocation of Federal funds on formula basis with a 20 percent State fund matching requirement (80 percent Federal/20 percent State) for the administration of a program of wide-ranging services to assist disabled individuals to prepare for and engage in gainful occupations. The agency follows the intent of statute to provide services to individuals with the most severe handicaps. The Federal share was $857,629,925 for fiscal year 1982.

Caseload Activity in State VR Agencies

A summary of caseload activities in VR agencies for fiscal year 1982 is characterized by the following:

(1) A decline in the total number of persons applying for services from, and becoming clients of, State VR agencies;

(2) A decrease in the number of persons rehabilitated; and

(3) An increase in the proportion of severely disabled persons among the total caseload, with a concurrent decrease in their absolute numbers.

Services to the Blind and Visually Impaired

Continued emphasis is placed on the rehabilitation of the blind and visually impaired population. This combined continuing effort of the Rehabilitation Services Administration and the State vocational rehabilitation agencies in concentrating rehabilitation efforts on the blind and visually impaired population has resulted in

7,942 blind and 12,253 visually impaired individuals successfully rehabilitated during fiscal year 1982.

Greater emphasis was placed on the utilization of today's technology to allow blind and visually impaired individuals access to new areas of competitive employment. Emphasis to specialized training programs utilizing the latest development in electronic devices and the computer programing field is also preparing the blind and visually impaired population for employment in vocational areas heretofore denied to this disability group. Strong efforts have also been made to develop and expand job opportunities for blind and visually impaired individuals in both traditional and innovative areas including: Tax service specialists, service representatives and claims representatives for the Social Security Administration, and vocational specialists for the placement of other blind and visually impaired people.

There are 26 separate State vocational rehabilitation agencies set up to serve only the blind and visually impaired population. This allows for specialized caseloads made up entirely of blind and visually impaired clients and the provision of more extensive inservice training to rehabilitation counselors serving this disability group.

Helen Keller National Center for Deaf-Blind Youths and Adults

The Helen Keller National Center for Deaf-Blind Youths and Adults demonstrates methods of providing specialized services needed to rehabilitate individuals who are both deaf and blind; train professional and other personnel to work with deaf-blind people; conduct relevant research; and carry out programs to expand and improve services, including public education programs on the needs of deaf-blind persons.

During fiscal year 1983, the Helen Keller National Center served 777 deaf-blind persons. In addition, the center successfully managed to expand the service delivery system resulting in trainees being placed in professional, technical, and sheltered employment.

The center's affiliation network system has tied together some 20 agencies serving deaf-blind persons throughout the country. This enables local service agencies to benefit from state-of-the-art rehabilitation methods and provide professional services to this population within their local communities. Moreover, there are now 10 regional representatives increasing the outreach of the center. These regional representatives provide consultation, technical assistance, and direct services and are active in preparing employment opportunities for deaf-blind persons.

Special Projects for Severly Disabled Individuals

In fiscal year 1981, eight new projects were initiated in the following areas of severe disability: Rheumatoid arthritis, learning disability cerebral palsy, multiple sclerosis, deaf-blind, mental retardation, and mental illness. In addition, three new spinal cord injury system projects were funded.

Handicapped Migratory and Seasonal Farmworkers

The Rehabilitation Services Administration coordinates service for handicapped migratory and seasonal farmworkers with the Department of Labor, the Public Health Service, and the Office of Education. During fiscal year 1982, there were nine active projects in six regions. The majority of persons served were of Hispanic background. In fiscal year 1981, nearly 300 migratory and seasonal farmworkers were served. A computer data system was also used, which provides immediate data regarding eligibility and past services, wherever the migrant applies.

Randolph-Sheppard Vending Facility Program

The purpose of the Randolph-Sheppard Act, as amended, is to provide a priority to qualified blind persons to operate vending facilities on Federal and other property. The Randolph-Sheppard program offers one of the major opportunities for managerial positions for people who are blind.

More than 400 blind persons enter this program each year. Historically their earnings have increased yearly. Fiscal year 1982 data indicates that total gross income from this program was $269,862,830, with the average yearly earnings of vendors at $16,007 compared to $15,061 in fiscal year 1981.

SSDI and SSI Vocational Rehabilitation Programs

Sections 222 and 1615 of the Social Security Act provide for the payment from special Federal funds of costs of vocational rehabilitation services to disability and supplemental security income beneficiaries.

The expenditures decreased for these programs as follows:

	Fiscal year—	
	1980	1981
SSDI	$113,268,000	$87,050,000
SSI	$55,000,000	$37,000,000

The Omnibus Reconciliation Budget Act of 1981 (Public Law 97-35) contained provisions which affect the rehabilitation of SSDA and SSI beneficiaries. Effective October 1, 1981, the provisions eliminate reimbursement from trust funds to VR agencies for rehabilitation services except in cases where the services have resulted in the beneficiary performing substantial gainful activity (SGA) for a continuous period of 9 months. A precise definition of SGA has not been determined by the SSA.

Rehabilitation Facilities

Rehabilitation facilities provide the means for evaluation, treatment, and training of many handicapped individuals who otherwise would not be rehabilitated. In fiscal year 1979, the most recent year for which data are available. State vocational rehabilitation agencies spent 33.9 percent of their funds for services to persons in these facilities. Since 1967, the utilization rates have made a dramatic increase from serving only 65,000 clients at that time, to serving 185,000 clients in 1979.

PROGRAM DEVELOPMENT ACTIVITIES

The focus of these activities is on the strengthening and improvement of service delivery in order to foster greater chances of vocational rehabilitation and independence of the handicapped person. The total appropriation for program development activities in fiscal year 1981 was $66,465,000.

Special Projects for Severely Disabled Individuals

In fiscal year 1983, 37 new projects were initiated in the following areas of severe disability: Rheumatoid arthritis, learning disability cerebral palsy, multiple sclerosis, deaf-blind, mental retardation, and mental illness. These projects included the utilization of technological advances, home-based employment, and placement in private industry.

Handicapped Migratory and Seasonal Farmworkers

The Rehabilitation Services Administration coordinates services for handicapped migratory and seasonal farmworkers with the Department of Labor, the Public Health Service, and the Office of Education. During fiscal year 1982, there were 13 active projects in six regions. The majority of persons served were of Hispanic background with the exception of the Florida project which served mainly black seasonal farmworkers. In fiscal year 1981, nearly 300 migratory and seasonal farmworkers were served. A computer data system was also used, which provides immediate data regarding eligibility and past services, wherever the migrant applies.

Projects With Industry

The projects with industry program is a partnership between the rehabilitation and the business-industry communities to provide training leading to employment. In fiscal year 1983, over 90 projects affiliated with more than 4,000 private corporations were funded for $13 million. During this same time period, 20,000 disabled persons, most of whom were severely disabled, were served by this program. Of the total served, 13,000 were placed into competitive employment. It is estimated that $100 million in taxable wages were generated by this program in fiscal year 1983.

Special Recreation Programs

Section 311(a)(3) of the Rehabilitation Act of 1973, as amended, provides a program of special projects and demonstrations for making recreation activities accessible to handicapped individuals. Eight 1-year projects were funded in September 1981 for a total amount of $1 million. These facilities assisted with grant support will provide a variety of activities to benefit 29,000 persons. This has not been funded again.

Section 316 provides a program of projects for initiating special recreation programs for handicapped individuals. Twenty-five 1-year projects were funded in September 1981 for a total amount of $2 million. This program establishes recreational activities for handicapped persons in a community with special emphasis on socialization and mobility. The recreational activities carried out within these projects are diverse in scope and intended to contribute to the handicapped person's vocational potential. The activities cover indoor and outdoor sports, crafts, arts, hobby activities and therapeutic and physical development activities. Approximately 18,000 persons benefited from the projects funded in 1981. Twenty-three 1-year projects were funded in September 1982 for $1,884,000. Twenty-seven projects were funded in September 1983 for $2 million. There is $2 million available in 1984.

Client Assistance Projects

Client assistance projects have the common goal of improving the VR program by providing ombudsmen to work directly with clients. There were 17 projects in operation during fiscal year 1982 at a funding level of $942,000.

Handicapped American Indian VR

The Navajo vocational rehabilitation program in Window Rock, Ariz., was awarded $650,000 in 1982 to carry out a bilingual rehabilitation service program aimed at returning the most severely handicapped Navajos to the world of work and independence. Approximately 600 severely handicapped Navajos are expected to receive service during the second year of operation.

Rehabilitation Training

Rehabilitation training grants are authorized to insure that skilled workers are available to provide services to severely disabled individuals. Training was funded at $19,200,000 for fiscal year 1982. The scope of training was both long and short term and ranged from rehabilitation counseling to speech pathology and audiology. In addition, continuing education was provided to upgrade the skills of rehabilitation staff in public and voluntary agencies.

Special training projects of an experimental or innovative nature designed to train new types of manpower or demonstrate new techniques were also provided. In addition, there was a special program to train interpreters for the deaf. Emphasis continued to be placed on preparation of personnel for the provision of rehabilitation services to severely disabled persons, and was broadened to include independent living concepts and skills.

Centers for Independent Living Projects

This project grant program is authorized by part B, title VII of the Rehabilitation Act of 1973, as amended. The purpose of the program is to award funds to establish and operate centers for independent living (CIL's) which offer a combination of independent living services for severely handicapped individuals in order to enable them to live more independently in the family and community, or when appropriate, to secure and maintain employment.

The centers are not necessarily rehabilitation facilities in the traditional sense. Centers do provide a locus through which a combination of services required by severely handicapped individuals are either provided by center staff or arranged from other cooperating agencies. A dominant feature of the centers program is the development of cooperative relationships with other public and private nonprofit community agencies to insure that maximum use is made of these resources and to avoid duplication:

All centers are strongly urged to provide counseling and advocacy services in an active sense to insure the provision of all services and benefits for which an individual needs and is eligible. Other services most frequently provided include: Housing and transportation assistance, peer counseling, personal care attendant services, independent living skills training, and recreational activities.

Another important feature of the centers program are the statutory requirements that handicapped individuals have a substantial involvement in center policy direction and management, and that handicapped individuals be employed by the centers. Most centers are managed by consumer-based nonprofit organizations under contracts awarded by the grantees and in 1981 it was estimated that 42 percent of the 885 center employees were disabled.

A goal of this program is extend available services to all disability groups. However, in California, which has the largest number of State-supported centers, a recent study indicated that 69 percent of the persons served had physical disabilities. While most of the centers assisted by this program do serve a broad range of disability groups, several centers do have a special focus. For example: Nineteen centers emphasize services for the blind or visually handicapped; seven centers have received funds to strengthen services for the deaf or hearing impaired; nine centers are sponsored by organizations serving the mentally retarded; and two centers are sponsored by agencies focused on cerebral palsy. In 1983, it was estimated that all centers served approximately 26,000 severely handicapped individuals.

This program began in fiscal year 1979 with a budget of $2 million, which supported 10 grantees who either operated direct or contracted with 20 centers. Funds for subsequent years have been: Fiscal year 1980, $15 million; fiscal year 1981, $18 million; fiscal year 1982, $17,280,000; and fiscal year 1983, $19,400,000.

Twenty grantees are private nonprofit organizations and the remainder are State vocational rehabilitation agencies. Centers assisted in whole or in part by this program are operational in all States, the District of Columbia, Puerto Rico, the Virgin Islands, and American Samoa.

NATIONAL INSTITUTE OF HANDICAPPED RESEARCH

The National Institute of Handicapped Research, authorized by title II of the Rehabilitation Act, has specific responsibilities for the provision of a comprehensive and coordinated approach to the administration and conduct of research, demonstrations, and related activities for the rehabilitation of handicapped indviduals, including programs designed to train persons who conduct research and who provide rehabilitation services. The Institute is also responsible for the facilitation of the distribution of information concerning developments in rehabilitation procedures, methods, and devices to rehabilitation professionals and to handicapped individuals to assist such individuals in living more independent lives. The Institute's programs which impact on the aging population include:

Research and Training Centers

These centers serve as a national resource for the conduct of a full spectrum of rehabilitation research activities. Research is conducted in settings where patient/client services, research, and training are viewed as interdependent activities essential to maximizing the rehabilitation of disabled individuals. The rationale for this operational approach is the belief that research cannot be isolated and still be effectively utilized.

Research and training centers in aging.—In response to an increased public concern about the lack of rehabilitation services for the older disabled population, the National Institute of Handicapped Research supports two centers which focus on rehabilitation of aged persons. Research is directed towards the identification of the rehabilitation needs of elderly persons and the development of appropriate rehabilitation techniques. These centers are as follows:

—Ranchos Los Amigos Rsearch and Training Center in Aging, Downey, CA. This center, established in 1980, is a collaborative effort between the Ranchos Los Amigos Rehabilitation Hospital, the Ethel Percy Andrus Gerontology Center, and the University of Southern California School of Medicine. Research focuses on mental health problems among the disabled elderly, rehabilitation problems of the minority elderly, and the maximization of functional abilities. Much of the center's training is targeted toward medical personnel in the belief that many of the negative attitudes and the lack of knowledge that exist among physicians towards the rehabilitation of the disabled elderly germinated at a very early level of training.

—University of Pennsylvania Research and Training Center in Aging, Philadelphia. This center is jointly funded by the National Institute of Handicapped Research and the National Institute of Mental Health. Research efforts are concentrating on activities whih foster understanding of the relationships between the psychosocial and medical needs of aged disabled persons and on rehabilitation interventions.

Rehabilitation Engineering Centers

Rehabilitation engineering centers conduct coordinated programs of advanced research of an engineering or technological nature which can be applied toward solving problems encountered in the rehabilitation of handicapped persons. The centers are also encouraged to develop systems for the exchange of technical and engineering information and to improve the distribution of technological devices and equipment to handicapped persons. Although there is no center specifically devoted to the problems of the elderly, the technological advances resulting from center research benefits this population. This technology includes research on improvements in wheelchairs for the disabled, orthotics and protheses, improved mobility through the use of functional electrical stimulation to paralyzed muscles, and devices to aid the hearing and visual impaired.

Research and Demonstration Projects

This is a program emcompassing discrete research and demonstration projects primarily directed toward discovering new knowledge and overcoming significant information gaps in the rehabilitation of severely disabled persons. These projects include research on mobility, job placement, job development, problems concerning handicapped children and handicapped elderly. One of the significant projects for the aged was a national state-of-the-art conference on aging and rehabilitation held in Washington, DC on December 2-4, 1984. The conference was cosponsored by the National Institute of Handicapped Research, the National Institute of Mental Health, and the National Institute on Aging. The purpose of the conference was to:

—Identify the rehabilitation needs of older disabled persons.
—Highlight the limitation on knowledge; and
—Suggest areas of research which could make a useful contribution to the rehabilitation of older persons.

Over 425 professionals were in attendance from rehabilitation, aging, mental health, and related fields, representing direct services, advocacy, administration, policy and planning, research, and education. The sessions served to stimulate the development of a national rehabilitation policy which will encourage independent living and improve and sustain the quality of life for the disabled elderly, whatever the setting.

Field Initiated Research

The Field Initiated Research Program was implemented in fiscal year 1984. The purpose of the program is to assist in conducting research and demonstration projects in areas with a direct bearing on the development of methods, procedures, and devices to aid in the provisions of vocational and other rehabilitation services to handicapped individuals. This could include projects specifically devoted to problems in the rehabilitation of elderly persons.

TITLE V—MISCELLANEOUS PROVISIONS OF THE REHABILITATION ACT

Employment

Section 501 of the Rehabilitation Act of 1973, as amended, requires that all agencies, departments, and instrumentalities of the executive branch of the Federal Government, submit annual affirmative action program plans for the hiring, placement, and advancement of handicapped individuals to the Office of Personnel Management (OPM), formerly the U.S. Civil Service Commission.

Two statistical studies were published: (1) "Statistical Profile of Handicapped Federal Civilian Employees," and (2) the newly established "Governmentwide Disabled Women's Task Force." This latter publication analyzes the employment characteristics of severely disabled women as compared to severely disabled men, nonhandicapped women, and the general handicapped work force as of December 1980.

The "Handbook of Reasonable Accommodation" series was prepared and is tentatively scheduled for printing in fiscal year 1982. This handbook outlines procedures for conducting job analysis and/or worksite modification for disabled employees.

A 1-day showcase, title "The Supervisor and the Disabled Person" was conducted in 1981. This was a joint OPM/Advisory Training Directors undertaking for the International Year of Disabled Persons which was attended by 150 Federal supervisors.

During fiscal year 1982, OPM reached an agreement with the Equal Employment Opportunity Commission to resume responsibility for the monitoring of agency affirmative action plans for disabled veterans, as required under Public Law 93-508 (Vietnam Era Veterans Readjustment Assistance Act of 1974).

Architectural Barriers

Section 502 of the Rehabilitation Act of 1973, as amended, established the Architectural and Transportation Barriers Compliance Board (ATBCB). The 22-member agency (11 Federal agencies and 11 Presidentially appointed private citizens) insures compliance with the Architectural Barriers Act (Public Law 90-480) of 1968. This act requires that certain buildings designed, constructed, and altered with Federal funds after 1968, be accessible to physically handicapped persons.

During fiscal year 1982, the ATBCB published revised Minimum Guidelines and Requirements for Accessible Design in federally funded buildings. These requirements serve as the basis for standards (architectural specifications) issued by the General Services Administration, U.S. Postal Service, and the Defense and Housing and Urban Development departments. Since the guidelines and requirements were issued, the ATBCB has worked with these four agencies to develop a uniform standard for them to use. The ATBCB also provides technical assistance and educational materials on accessibility to anyone needing assistance. During 1982, the agency began setting up one of the most comprehensive libraries containing access-related codes and standards and architectural, transportation, communication, and attitudinal materials (which also relate to the needs of elderly persons).

The agency is doing more research which will lead to development of specifications for accessibility to accommodate access needs of hearing and sight-impaired persons.

In insuring compliance with the 1968 law, the ATBCB has handled over 900 complaints about inaccessibility in federally funded buildings in 1982.

ENFORCEMENT OF THE AGE DISCRIMINATION ACT BY THE DEPARTMENT OF EDUCATION

The Department of Education's (ED) Office for Civil Rights (OCR) is responsible for enforcement of the Age Discrimination Act of 1975 (ADA), which prohibits discrimination on the basis of age in federally funded education programs or activities. The ADA also contains certain exceptions which permit, under limited circumstances, continued use of age distinctions or factors other than age which may have a disproportionate effect on the basis of age.

The general governmentwide regulations for enforcement of the ADA were published by the Department of Health, Education, and Welfare (DHEW) on June 12, 1979 at 45 C.F.R. Part 90, and were effective July 1, 1979. OCR is enforcing the ADA under the general governmentwide regulations until OCR's regulations are published. At the close of fiscal year 1984, OCR had completed revisions of its final draft of ED's age discrimination regulations and had begun preparing an accompanying appendix. Once the accompanying appendix is completed, the final draft regulations will be submitted to the Secretary for approval.

Under the ADA, OCR has jurisdiction to investigate all students services complaints (i.e., complaints dealing with service delivery issues, such as school admission). OCR does not have jurisdiction to investigate any employment complaints under the ADA. Employment complaints are either sent to the Equal Employment Opportunity Commission (EEOC), which has jurisdiction under the Age Discrimination in Employment Act of 1967 (ADEA) for certain types of age discrimination cases, or closed under the procedures described below.

Under the DHEW procedures, OCR screens complaints alleging age discrimination to determine whether it has jurisdiction and forwards any age complaints with service issues to the Federal Mediation and Conciliation Service (FMCS) in Washington for resolution of the complaint by mediation.

Complaints filed solely on the basis of age are not subject to the time frames for processing complaints imposed on OCR by the U.S. District Court in *Adams* v. *Bell*, C.A. P.L. 3095-70. For complaints containing allegations of discrimination on the basis of age and another jurisdiction (title VI, title IX, and/or section 504), the applicable *Adams* time frames are tolled for 60 days (or until the complaint is returned from FMCS, whichever is earlier) to allow FMCS to process the age portion of the case. OCR notifies the complainant(s) of the duration of the tolling of the time frames.

If FMCS is successful in mediating a complaint filed only on the basis of age within the 60 days allowed, OCR closes the case. If the case is not resolved, OCR begins processing the case by first engaging in informal factfinding. If the case is not resolved during that phase, the case is then subject to a full scale investigation by OCR. If the case was filed on the basis of age and another jurisdiction (e.g., title

VI), an attempt is first made by FMCS to mediate the age portion of the case as described above. If FMCS is successful in mediating the age portion of the case within the 60 day time limit, OCR then proceeds to investigate the other allegations in the complaint within the applicable *Adams* time frames. If FMCS is not successful in mediating an agreement between complainant and the recipient, the case is returned to OCR, and OCR resumes processing all of the complaint allegations within the applicable *Adams* time frames.

Age complaints involving employment filed by persons between the ages of 40 and 70 must be referred to the appropriate EEOC regional office under the ADEA, and the OCR file is closed. EEOC does not have jurisdiction over age/employment complaints that involve persons under 40 or over 70 years of age. If the complainant is under 40 to 70 years of age and the complaint filed with OCR alleges only employment discrimination, the complainant is informed that there is no jurisdiction under the ADEA, and the case is closed.

Those complaints that involve not only age/employment, but also some other jurisdiction (e.g., title VI, title IX, and/or section 504) are to be referred to EEOC for investigation of the age employment portion and retained by OCR for investigation of the other portion(s). Such a complaint is split, and the part dealing with employment is closed by OCR by referral to EEOC. OCR then investigates the other allegations in the complaint.

Even though it has jurisdiction, OCR also may close an age complaint if another agency is processing the case and OCR determines, based on criteria in its Investigation Procedures Manual, that duplication of effort is not warranted. OCR also may close the case under an agreement with another agency, and the other agency will assume full responsibility for the investigation, negotiation, and final resolution of the complaint. For example, if the Justice Department is in the process of litigating against the same institution, on the same or a related issue, the two departments could determine that, to avoid duplication of effort, the Justice Department will take full responsibility for the complaint.

In fiscal year 1984, OCR received 58 cases that were filed solely on the basis of age. Of these 58 age-only cases: 11 were forwarded to the FMCS for mediation; 32 were referred to other agencies for processing (e.g., EEOC) and closed by OCR; four were closed because of a lack of jurisdiction; and six were closed for administrative reasons (e.g., complaints were not timely since they were submitted after the filing date in the applicable regulation). One case was investigated and no violation was found; one other case was closed because remedial action was taken; and three cases were pending in OCR at the end of September 1984.

Of the 11 age-only cases forwarded to FMCS, one was mediated successfully by FMCS and was closed by OCR. It involved the issue of "selection for enrollment for admission to an education program." The ten remaining age-only cases that were not resolved successfully by FMCS were returned to OCR for processing. Two of them were administratively closed by OCR; one was investigated and no violation was found; and seven are still being investigated by OCR. The most frequent issue cited in these 10 cases was "admission to education programs."

There were 52 multiple-bases cases filed with OCR that had age cited as one of the bases. Of those multiple-bases cases, 14 were forwarded to FMCS for mediation; 10 of the cases were closed and referred to EEOC or other agencies; 10 cases were closed administratively; five cases were closed by OCR because of a lack of jurisdiction; three cases were closed because of a finding of no violation; of effort, the Justice Department will take full responsibility for the complaint.

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10 of the cases were closed and referred to EEOC or other agencies; 10 cases were closed administratively; five cases were closed by OCR because of a lack of jurisdiction; three cases were closed because of a finding of no violation; one case was closed due to remedial action; and seven multiple-bases cases were still in the process of being investigated by OCR at the end of September 1984. In two of the 52 multiple-bases cases containing age discrimination allegations, the age portion of the complaint was withdrawn by the complainant before any formal processing of the case began.

Of the 14 multiple-bases cases forwarded to FMCS containing age discrimination allegations for which OCR had jurisdiction, five were mediated successfully. The most frequent issue cited in the cases which FMCS mediated successfully was "program requirements." The nine cases not mediated successfully were returned to OCR for processing. Two of these cases were investigated by OCR and no violations were found; seven cases were still be investigated by OCR at the close of fiscal year 1984. The most frequent issue cited in the complaints not mediated successfully was "program requirements."

The 110 cases received in fiscal year 1984 containing age as an issue represented approximately 6 percent of the total complaints received. Twenty-five of the 110 complaints were referred to FMCS for mediation, of which five were mediated successfully. OCR has not identified any pattern or practices of age discrimination in programs receiving Federal financial assistance from the Department. OCR confined its age discrimination compliance activities to complaint investigations, conducting no compliance reviews on age discrimination issues in fiscal year 1984. No staff training needs were identified that would necessitate training on the ADA in fiscal year 1984.

ITEM 5. DEPARTMENT OF ENERGY

NOVEMBER 23, 1984.

DEAR MR. CHAIRMAN: In response to your letter requesting an update of the Department's 1984 activities of particular interest to older Americans, I am submitting the following enclosure that describes departmental activities in areas of energy efficiency programs information collection and distribution, public participation, and research on the biological and physiological aging process.

I am pleased to contribute to your annual report of Federal activities and programs of interest and assistance to older Americans.

Sincerely,

DONALD PAUL HODEL, *Secretary.*

Enclosure.

INTRODUCTION

In the fall of 1983, the fourth biannual national energy policy plan was sent to the Congress as required by title VII of the Department of Energy Organization Act (Public Law 95-91). National energy policy sets forth the Department's fundamental goal, to provide an adequate supply of energy at reasonable cost, and strategies to achieve this goal. This administration's strategies to attain this goal are: To minimize Federal control and involvement in energy markets while maintaining public health and safety and environmental quality, and to promote a balanced and mixed energy resource system. These principles are the framework within which this report is written. The policy has been formulated and implemented with particular sensitivity to the energy needs of older Americans and to the impact of energy costs on the household budgets of elderly citizens on fixed incomes.

The administration's strategy of minimizing Federal control and intervention in the marketplace has led to decreased energy costs. Since the key energy-related concern expressed to the Department of Energy by the elderly community has been energy costs, it should be noted that since President Reagan decontrolled petroleum prices in January 1981, the price of both gasoline and home heating oil has declined. For example, since 1981, by August of 1984, average gasoline costs decreased 17 cents per gallon. A similar pattern is apparent in the price of home heating oil. Since 1981, as of July 1984, home heating oil prices decreased 14 cents. These energy cost declines especially are relevant to those on fixed incomes.

The following provides other Department of Energy (DOE) activities of particular interest to the elderly.

ENERGY EFFICIENCY PROGRAMS

Weatherization Assistance Program.—The low-income elderly and the handicapped receive priority under this program which provides grants for the installation of insulation, weatherstripping, storm windows, and other energy-saving measures.

In 1984, the Weatherization Assistance Program awarded $187 million in grants to the States and 25 Native American tribal organizations for the weatherization of homes of low-income people. Reports submitted from the inception of the program through September 1984, indicate 1,304,569 low-income homes were weatherized and that the majority of those dwellings were occupied by the elderly. In 1984, 211,908 homes were weatherized.

Residential Conservation Service.—Implementation of this program by the States began in October 1981. The program requires major utilities to offer energy audits to residential homeowners and renters, to offer to arrange for the financing and installation of energy conservation measures, and to permit repayment of associated loans through monthly utility billings. This program offers services to the elderly, as well as to all other Americans. The legislative requirement that utilities offer energy audits to residential customers expires January 1, 1985; however, many States and utilities have indicated that they will continue to offer this service. Companion legislation requires major utilities to offer energy audits and related services to apartment owners and renters and small commercial buildings. Under current legislation, this requirement does not expire until January 1, 1990.

Institutional Conservation Program.—Title III of the National Energy Conservative Policy Act provided for a matching grant program to support, among other things, professional analyses of the energy conservation potential in public care facilities. The effort of this program is to identify for building operators ways to conserve energy and thus cut their operating costs. The program also hopes to influence the capital investment deisions of an institution's management.

INFORMATION COLLECTION AND DISTRIBUTION

The Energy Information Administration collects and publishes comprehensive data on energy consumption in the residential sector through the residential energy consumption survey. This survey includes data collected from individual households throughout the country along with actual billing data from the households' fuel suppliers for a 12-month period. The data include information on energy consumption, expenditures for energy, cost by fuel type, and related housing unit characteristics (such as size, insulation, and major energy-consuming appliances).

Using this survey, the Energy Information Administration published two major reports in 1984 that contain data about the elderly. The report, "Residential Energy Consumption Survey: Housing Characteristics, 1982," provides data on energy-related characteristics of housing, including the square footage of floor space and the use of fuels. Estimates of the cost and quantities used of electricity, natural gas, fuel oil, kerosene and liquified petroleum gas for elderly households are reported in "Residential Energy Consumption Survey: Consumption and Expenditures, April 1982 through March 1983." Information on households that received low-income energy assistance payments was obtained in a followup to this survey. Two volumes of this report have been pubished. Part 1 contains national data, and part 2 contains data for the nine census divisions. The published reports can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20401.

A supplemental survey was conducted in 1983 on a sample of households in the Weatherization Program to determine the benefits of the program. Findings from this study are provided in the Service report, "Weatherization Program Evaluation," which can be obtained from the Department of Energy, Conservation and Renewable Energy, Office of State and Local Assistance Programs, Weatherization Assistance Programs Division.

PUBLIC PARTICIPATION ACTIVITIES

During 1983, DOE has remained very active with the Energy and Aging Consortium, a network of over 40 organizations from the public and private sectors. This organization is the only one of its kind that brings Federal agencies (such as DOE and the Administration on Aging) together with national aging organizations and the private sector (such as the American Gas Association, American Petroleum Institute, Edison Electric Institute) to discuss and implement solutions for the energy-related needs of the elderly.

The Office of Consumer Affairs has represented the Department with the consortium, serving as a member of the steering committee and the technical assistance committee. Through participation in this group, DOE has exercised leadership in forming partnerships with a variety of organizations that have worked to meet the energy needs of the elderly.

During National Consumers Week 1984, Secretary Hodel provided the keynote address for a luncheon meeting cohosted by the Department of Energy and the Energy and Aging Consortium. The luncheon meeting's theme was "Building Partnerships for Local Initiatives."

During the formulation of the 1984 national energy policy, senior citizen organizations were personally invited to provide comments, plans and/or strategies, and to participate in public hearings held throughout the country.

The Office of Consumer Affairs has worked with the Center for Environmental Physiology, the Administration on Aging, the White House Office of Consumer Affairs, the American Gas Association, and Becton Dickinson and Co., to develop, print, and distribute public information concerning cold weather-related health risks (hypothermia) for the elderly. This collaborative effort helped facilitate the circulation of a publication concerning the importance of preventing critical cold weather health risks for the elderly.

DOE's staff has maintained open channels of communication with Federal agencies and departments for the purpose of improving information exchange about energy assistance programs. This information exchange gives particular attention to any provisions in the programs that allow for special attention to the elderly.

The Department of Energy has distributed notices of proposed procedures and public hearings regarding overcharge settlements with oil and gas companies to organizations representing the elderly.

The Office of Consumer Affairs also has initiated a bimonthly consumer information column for distribution to more than 3,800 daily and weekly newspapers on a nationwide basis. The column is written for all age groups, but oftentimes information more specifically of concern to the elderly community it addressed. Such topics have included tips for reducing energy bills.

RESEARCH RELATED TO BIOLOGICAL AGING

In 1984, the Office of Health and Environmental Research (OHER) administered a program of research to identify and characterize the health impacts of energy production and use. In assessing the energy-related health impacts, the Department continues to identify and characterize long-term, late-appearing effects induced by chronic exposure to low levels of hazardous chemical and physical agents. Health effects caused by chronic low-level exposure to energy-related toxic agents often develop over the entire lifespan. Consequently, such effects must be clearly distinguished from the normal aging processes. To make a valid distinction between induced effects and spontaneously occurring changes, information on changes occurring throughout the lifespan is collected for both experimental and control groups. These data help to characterize the normal aging processes as well as the toxicity of energy-related agents over time. Additional studies are conducted to obtain a better understanding of the aging process itself. Thus, DOE sponsors two categories of studies related to biological aging: (a) Studies indirectly concerned with biological changes occurring over long periods of time in animals and in humans; and (b) studies designed to elucidate the biological processes in aging. As in the past, lifetime studies of humans and animals constitute the major effort in ongoing research related to biological aging. Research directly concerned with the aging process has been conducted at several of the Department's contractor facilities. Summarized below are specific research projects addressing aging that the Department sponsored in 1984.

Long-Term Studies of Human Populations

These studies provide valuable data on health effects and life shortening in human populations exposed to hazardous chemical and physical agents associated with energy technologies. Additional information on lifespan and aging in human populations is also collected. Since long-term studies of human populations are costly, time-consuming, and complex, they are initiated on a highly selective basis.

The Radiation Effections Research Foundation (RERF), sponsored jointly by the United States and Japan, continued work on a life-time followup of survivors of atomic bombings that occurred in Hiroshima and Nagasaki in 1945. Over 100,000 persons are under observation in this study.

Detailed clinical, laboratory, mortality, and autopsy data are collected on irradiated and control populations to identify diseases that have contributed to life shortening among survivors. An important feature is the acquisition of valuable quantitative data on dose-response relationships. Studies specifically concerned with age-related changes also are conducted. It was recently reported that the effects of ionizing radiation on mortality are specific and focal, and principally carcinogenic. No evidence of radiation-induced premature aging has been obtained.

After being accidentally exposed in 1954 to radioactive fallout released during the atmospheric testing of a thermonuclear device, a group of some 200 inhabitants of the Marshall Islands has been followed clinically, along with unexposed controls, by medical specialists at the Brookhaven National Laboratory. Thyroid pathology, which has responded well to medical treatment, has been prevalent in individuals heavily exposed to radioiodine. (This study is currently conducted under the auspices of the Department's Office of Defense Programs.)

Nearly 2,000 persons exposed to radium, occupationally or for medical reasons have been studied at the Center of Human Radiobiology, Argonne National Laboratory. Individuals in the study receive medical and radiologic (dosimetric) examinations at the Center. Work emphasizes the study of persons with relatively low-body burdens of radium. Data on tumor induction by bone-seeking, alpha-emitting radionuclides are being generated. Of importance are quantitative dose-response data for tumorigenesis.

At the Los Alamos National Laboratory, an epidemiologic study of plutonium workers at six Department of Energy facilities is in progress. An estimated 15,000 to 20,000 workers will be followed in this retrospective mortality study. Autopsy data are obtained through the U.S. Uranium/Transuranium Registry (see below). So far, there is no excess mortality due to any cause in 224 males with the highest plutonium exposures. Twenty-six males exposed to plutonium during World War II show no evidence yet that adverse effects exist nearly 40 years after exposure.

Some 600,000 contractor employees at Department of Energy facilities are being analyzed in an epidemiologic study to assess health effects produced by long-term exposure to low levels of ionizing radiation. Workers at the Hanford (Washington) and Oak Ridge (Tennessee) plants, at the Mound Laboratory (Miamisburg, Ohio), and other facilities are subjects of the study, which is conducted by Oak Ridge Associated Universities (ORAU), the Hanford Environmental Health Foundation (HEHF), and Battelle Pacific Northwest Laboratory (PNL), with assistance from teams at each of the facilities that house workers' records and vital statistics. Radiation dosimetry as well as exposures to other toxic agents in the work environment are carefully evaluated.

The U.S. Uranium/Transuranium Registry, which is operated by the Hanford Environmental Health Foundation, collect occupational data (work, medical, and radiation exposure histories) as well as information on mortality in worker populations exposed to plutonium or other transuranium radio elements. Detailed autopsy data are obtained on workers at the time of death. At the present time, some 14,500 workers from 10 facilities are registered with the foundation. The autopsy data are available for use in other epidemiologic studies.

A study to determine possible relationships between the work environment and mortality risk is being conducted on 90,000 workers employed at eight shipyards since the early 1950's. Approximately 50,000 of these workers have had exposure to external radiation. The purpose is to identify past and present shipyard employees and to establish an automated record system that incorporates data on individual work histories, types of jobs, radiation exposures, estimated exposures to other workplace hazards, and smoking and drinking histories. It is planned to establish the vital status of all workers and cause of death among deceased workers, and to conduct analyses to establish a dose-response relationship between radiation and mortality by cause of death. At this time, employee records at all eight shipyards have been microfilmed, basic data have been abstracted and transferred to magnetic tape, and followup is in progress.

Lifetime Studies in Short-Lived Mammals

Although data from humans are indispensable in the assessment of health impacts associated with any hazardous agent, limitations inherent in human studies make it mandatory to acquire quantitative data from controlled lifetime studies of animal populations. Data from animals significantly enhance predictive capabilities.

Small rodents with lifespans of 2 to 3 years (rats, mice, and hamsters) provide data in a minimum of time and at low cost. Consequently, rodents have been extensively used in large-scale studies of late somatic and genetic effects induced by low doses of ionizing radiation. For example, at the Argonne National Laboratory and the Oak Ridge National Laboratory, mice have been exposed to ionizing radiation delivered in different daily increments to characterize radiation-induced diseases and abnormalities that reduce the lifespan. These studies using gamma and neutron radiations have yielded valuable information on dose rate and radiation quality as important factors that modify mammalian response to radiation stress. The study of control (unexposed) populations is providing data on lifespan, morbidity patterns, and causes of death in unstressed animals. Lifetime studies of tumorigenesis and other somatic effects of ionizing radiation in rodent populations are currently being conducted at the Brookhaven National Laboratory, the Lawrence Berkeley Laboratory, the Battelle-Pacific Northwest Laboratory, the Oak Ridge National Laboratory, the University of Utah, and the Lovelace Inhalation Toxicology Research Institute. Included in the ongoing effort are studies involving external sources (neutrons, gamma radiation, and heavy ionizing particles), actinide isotopes that are present in nuclear fuels (plutonium-239, american-241, uranium-233, and others), radium isotopes, fission products, and tritium.

At the Lovelace Inhalation Toxicology Research Institute, lifetime studies of rodents exposed to particulates from the combustion of energy-related materials are in progress. Biological end-points being assessed are lifespan shortening, functional disorders, and pathological changes, including carcinogenesis.

Lifetime studies in rats and hamsters at the University of Connecticut, Farmington, are defining chronic toxicity and carcinogenic risks associated with exposure to nickel-containing materials. At the Los Alamos National Laboratory, ongoing research with rodents is assessing chronic pulmonary toxicity, carcinogenicity, and other health effects associated with chronic exposure to energy-related materials and combustion products.

Lifetime Studies With Long-Lived Mammals

From some points of view, long-lived mammalian species represent better human surrogates than do their short-lived counterparts. Thus, obtaining quantitative data on responses of long-lived species to hazardous agents is important. The beagle dog has served for more than 20 years as the long-lived mammal in lifetime radiation-effects studies sponsored by the Department of energy. Data from beagles facilitate attempts to interrelate animal responses with those of humans. At the Argonne National Laboratory, the University of Utah, the University of California, Davis, the Lovelace Inhalation Toxicology Research Institute, and the Pacific Northwest Laboratories, populations of beagles are kept under careful experimental observation. In these lifetime studies, periodic clinical examinations and laboratory analyses are performed on all exposed and control animals, and complete data on gross pathology and histopathology are collected. Accumulated data increase our knowledge of lifespan, age-related changes, morbidity, mortality, and causes of death in normal animals, as well as alterations in these characteristics that may be induced by radiation. Lifetime studies currently in progress focus primarily on late-appearing somatic and genetic effects. Included are studies of external radiation (gamma radiation) and internally deposited radionuclides administered by inhalation, ingestion, or injection. All ongoing studies involve careful dosimetric measurements and the acquisition of dose-response data. Because of cost and time, lifetime studies of beagles are initiated on a highly selective basis. No energy related agent other than ionizing radiation has yet been evaluated via a lifetime study in a long-lived animal.

RESEARCH DIRECTLY CONCERNED WITH AGING

Interest in biological aging has continued in several of the Department of Energy laboratories. In research at the Brookhaven National Laboratory, two species of poeciliid fish, the Amazon molly and the guppy, have proved to be useful experimental models for research on aging processes. In a recent study, aging changes in the guppy heart were studied by histological examination throughout the lifespan. No aging changes were seen until the fish were 3 years old. There was a loss of muscle fibers in the ventricles of old fish and deposition of collagen in the bulbus arteriosus. Guppies 3 years of age and older also had a marked accumulation of melanomacrophages in the atrium. Since guppies are unlikely to attain an age of 3 years in their natural habitat, it appears unlikely that degeneration of the heart is involved in mortality of this species in the wild state.

One of the many theories of aging suggests that loss of homeostasis and decline in physiological function may result from overexpenditure on reproduction. Analysis at Brookhaven of data from teleost and elasmobranch fish indicates that "reproductive drain" increases with age and may be important to the loss of homeostasis. Although "reproductive drain" is usually greater in female fish, they are, somewhat surprisingly, the longer-lived sex, often with lifespans of 2 to 5 years longer than those of males.

Other research by Brookhaven investigators has focused on molecular aspects of aging at the gene (i.e., DNA) level. In three different sets of experiments, male mice were maintained in the medical department animal facility for periods up to 61 weeks. After various lengths of time, animals received separate infusions of 5-bromodeoxyuridine and colchicine in accord with a standard protocol. Cells subsequently harvested from the bone marrow were stained to reveal the presence of sister chromatid exchanges (SCE's) in metaphase chromosomes using a modification of the fluorescence-plus-Giemsa technique. In each set of experiments, there was a small but definite decrease in the "spontaneous" number of SCE's as the animals aged. If SCE's are a manifestation of a chromosome repair system and "spontaneous" SCE's are a result of "natural" damage being repaired, as some cytogeneticists believe, these results may be interpreted to mean that the chromosome repair system(s) that results in SCE's becomes less competent with age or that a competing repair system(s), not involving SCE's, becomes more important with age. Whatever the interpretation, the observation of age-related changes in "spontaneous" number of SCE's is of interest. In a related study, the effect of age on the magnitude of SCE's induced in the mouse by exposure to benzene was determined. As age of the exposed animals (male) increased from 3 to 6 to 12 months, the magnitude of the induced SCE response declined from a six-fold increase to a two-fold increase (while the extent of cell-cycle inhibition in the marrow compartment increased). A somewhat different line of research is concerned with the study of age as a possible factor affecting alkylation repair of DNA. In this work, the ability of cell extracts from rats of different ages to remove methyl groups from the 0^6 position of DNA guaunyl units was measured. No evidence of any change in acceptor protein (0^6-methylguanine-DNA methyltransferase) activity over an age range from 35 days to 1,194 days was obtained both in animals that had been well fed throughout the lifespan and in groups that were kept on restricted diets.

The 1984 Brookhaven Symposium in Biology, entitled "The Molecular Biology of Aging," was held at the Laboratory, September 30–October 3, 1984.

TRENDS AND PROSPECTS

Given the need to assess long-term and late-appearing effects of hazardous agents associated with energy technologies, lifetime studies of animal and human populations will continue. There is a particular need for lifespan data on responses to individual chemical agents and to combinations of toxic chemicals. In future research, lifetime studies involving short-lived species will be emphasized. No new lifetime studies involving long-lived animals are planned. Effort in research on molecular and cellulor aspects of aging in mammalian species is expected to increase. Therefore, additional data on age-related changes in both animals and humans should be forthcoming in the future.

ITEM 6. DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE SECRETARY

ALZHEIMER'S DISEASE

In recognition of the special attention that Alzheimer's disease deserves, Secretary Heckler established the Health and Human Services (HHS) Departmental Task Force on Alzheimer's Disease, which first met in April 1983. The Task Force has been chaired by Hon. Edward N. Brandt, Jr. M.D., the Assistant Secretary for Health, DHHS, and has consisted of 10 agency and program heads from across DHHS, along with representation from the Veterans Administration (VA). The Secretary's charge to the Task Force was fourfold:

—Coordinating the intensive ongoing research already being done at HHS on Alzheimer's disease.

—Creating a mechanism for the sharing of information by all programs in the Department serving the elderly.

—Identifying the most promising research avenues to explore.

—And providing the vehicle for translating that research into policy, programs, and practical means for improving the quality of life for older Americans.

The number of unanswered questions is so great that Federal support of research on Alzheimer's disease has increased from less than $4 million in 1976 to approximately $31 million in 1984. The cause of Alzheimer's disease is unknown, data on its prevalence vary, and it can be difficult to diagnose since many disorders manifest symptoms mimicking those of Alzheimer's disease. Our lack of understanding of

Alzheimer's disease leaves major gaps in treatment, in efforts to assist families of Alzheimer's disease patients, in other systems of care, in the training of research and clinical personnel, in educational materials and information dissemination for the public and professionals, and gaps in the financing of systems of care.

Accordingly, the Task Force has submitted a report that addresses nine main areas in a problem-oriented approach aimed at better defining research needs and options as well as training, service, and policy issues relevant to Alzheimer's disease. The nine areas are as follows:

—Research on epidemiology.
—Research on etiology and pathogenesis.
—Research on diagnosis.
—Research on clinical course.
—Research on treatment.
—Research on the family.
—Research on systems of care.
—Training of research and clinical personnel.
—Educational materials and information dissemination for professionals and the public.

The HHS Departmental Task Force on Alzheimer's disease has to date addressed all four points of Secretary Heckler's charge and its report elaborates current knowledge, promising research directions and recommendations on Alzheimer's disease. These recommendations represent the best judgment of leading authorities on Alzheimer's disease from both inside and outside Government, including agency directors, scientists, educators, and clinicians. Also, the Alzheimer's Disease and Related Disorders Association, a national association of Alzheimer's disease victims and their families with chapters across the United States, provided significant input throughout the deliberations of the Task Force. The work of the Task Force continues.

OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

The Assistant Secretary for Planning and Evaluation serves as the principal advisor to the Secretary on policy development for all population groups served by the Department, including the elderly. The long-range goal of policy research in this office is to provide factual information for use by departmental decisionmakers in the development of new policies and the modification of existing programs. This office is responsible for the major decisions and support activities which ecompass legislation development, planning, policy analysis and research evaluation oversight.

Aging is a major crosscutting area of concern of the Office of the Assistant Secretary for Planning and Evaluation (ASPE). A description of major activities affecting older Americans during calendar year 1984 follows:

NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION

The Department of Health and Human Services (DHHS), in recognition of the large and rapidly growing need for long-term care for the functionally imapired elderly, has funded a major demonstration to test the feasibility and cost-effectiveness of a community-based long-term care service delivery system integrating health and social services. The demonstration is jointly administered by the Health Care Financing Administration (HCFA), the Administration on Aging (AOA) and ASPE, the lead agency for this effort. Ten community projects in ten different States have been implementing the National Long-Term Care Channeling Program. Participating States are Florida, Kentucky, Maine, Maryland, Massachusetts, New Jersey, New York, Ohio, Pennsylvania, and Texas.

The Channeling Program is directed at providing community-based long-term care services to people 65 and older who are functionally impaired and unable to manage the essential activities of daily living on their own and who lack adequate informal supports.

The operational period of the demonstration is completed, and well over 7,500 elderly people were served. Client intake closed in June 1984 and the projects are now discharging clients as they phase down the demonstration, which ends March 31, 1985.

A uniform evaluation of all ten sites using a randomized experimental design is being conducted. The evaluation uses common data collection instruments and procedures across all sites to answer the following questions:

—Does Channeling enable clients to live in less restrictive settings by substituting community-based care for institutional care?
—Does Channeling maintain reliance on informal supports and reduce the psychological and financial burden of care placed on families and other informed caregivers?
—What is Channeling's impact on the public and private costs of long-term care?
—Does Channeling improve the quality of life (both objective and subjective) and lower mortality for its clients?
—Is Channeling a cost effective long-term care intervention?
—Do the answers to the above questions differ among subgroups of the target population and across variants of the Channeling model?

Data collection was completed in November 1984. The first report from the research contractor has been received by ASPE. This is the interim process analysis report entitled "The Planning and Implementation of Channeling: Early Experiences of the National Long-Term Care Channeling Demonstration." This report describes the Channeling intervention as initially implemented, as well as the characteristics of research sample participants. The expected final reports are as follows:

Baseline Comparability Report.—This report will document the comparability in the treatment and control groups at the baseline interview.

Channeling Effects For an Early Sample at 6-Month Followup.—This report will provide a preliminary analysis of Channeling's impacts on hospitalization, nursing home use, mortality, formal and informal service use, client functioning and well-being, transfer payments and housing expenses. The data are preliminary, based on a partial sample of 6-month followup interviews.

The Planning, Implementation, and Operational Experiences of the Channeling Demonstration.—This report will focus on the process of Channeling, the characteristics of clients at the point of entry, and implementation of the client level functions of Channeling (case finding, screening, assessment, care planning, monitoring, and on-going case management).

It will also describe the Channeling projects in each State and the interaction of Channeling and the existing long-term care service system.

Channeling Project Cost Report.—The costs of the demonstration as a whole and the Channeling project costs at each site will be documented in this report.

Survey Procedures Report.—This report will document the data-collection procedures used in the demonstration.

Research Data Base Documentation Report.—This will document the structure, content and procedures used in the research data base. It includes interviews with sample members and interviews with a subsample of caregivers. It includes Medicare/Medicaid claims data, client tracking system data, provider records extracts, financial control system data, client contact sheets and other sources.

Analysis of Impacts on Informal Care and Informal Caregiving.—An analysis of Channeling's impact on the amount of informal care provided, and the stress experienced by caregivers including any changes in their employment and income.

Sample Design and Size.—This will document the overall experimental design and the size of and relation among the various samples and subsamples.

Report on Channeling Impacts on Formal Services.—This report will analyze in detail Channeling's impact on utilization and costs of hospitals and nursing homes, formal community-based services, case management, other medical services, housing, public transfers, and other costs.

Attrition Bias Report.—The extent of attrition and the characteristics of attriters and the extent of bias, if any, on key outcome measures will be documented in this report. Analytic techniques to offset attrition bias, if any, will be described.

Cost-Effectiveness Report.—This report will draw the results of Channeling's impact on costs on the one hand and individual and caregiver outcomes on the other, in a format that facilitates judgments about Channeling's cost-effectiveness.

Analysis of Service Choice Report.—This report will provide a framework using behavioral models for investigating more generally the decisions of the elderly and their families regarding institutionalization, use of services and provision of long-term care. It will provide information necessary to predict the effect of other public approaches, such as income transfers, tax incentives, property liens, and family responsibility requirements.

Final Summary Report.—This report will draw together the findings of the technical analyses into an integrated summary report.

NATIONAL SURVEY OF LONG-TERM CARE AND SURVEY OF INFORMAL CAREGIVERS

The National Long-Term Care Survey is a nationally-representative sample survey of the over-65 population on the Medicare rolls in need of assistance in one or more activities of daily living (ADL); (bathing, feeding, dressing, toileting, etc.) or with one or more Instrumental activities of daily living (IADL); (shopping, meal preparation, payment of bills, etc.) on a long-term basis (defined as 3 months or more). The survey and data processing were administered by the Bureau of the Census and sponsored by the ASPE and HCFA.

From a sample drawn from Medicare rolls, about 6,400 persons with long-term problems who reside in households were interviewed in personal visits in the spring and summer of 1982. The interview included detailed information on diseases, impairments and health conditions; for which ADL's and IADL's the individual was dependent, and the level of dependency; medical, social service, and informal supports used; sources of payment for medical services; income; assets; family structure; living arrangements; social interaction; and mental status. The informal caregivers of those with dependencies in ADL's were also interviewed by the National Opinion Research Center.

Computer tapes of the data have been developed and delivered to the sponsoring agencies and are being checked and edited. Public use tapes are expected to be ready early in 1985.

PRIVATE FINANCING OF LONG-TERM CARE

This study is examining the current state of private financing of long-term care, including both pooled-risk aproaches, such as insurance and pension funds, and financing from individual and family resources. The barriers to increased private financing are also being studied, and the contractor will report on the barriers and suggest innovative approaches to removing the barriers and other possible means to increase the proportion of long-term care services financed from private funds. The final report of this study is due at the end of the year.

STATE REGULATION OF THE SUPPLY OF LONG-TERM CARE SERVICES

Past efforts to model the supply of long-term care have not yielded useful results. One reason often cited for the failure of traditional economic models to predict the supply of long-term care is that the States control the supply of nursing home beds, either directly through a certificate of need requirement, or indirectly through licensure and reimbursement policies. To examine this possibility, ASPE has contracted with Abt Associates to study State regulation of the supply of long-term care services. They will collect information on the processes by which States attempt to regulate the supply of nursing home beds and home health services, and data on the supply of beds and of home health services over time. The contract was signed in September 1984, and the study is expected to last 15 months.

THE STRUCTURE OF THE NURSING HOME INDUSTRY

Under a grant from ASPE, the Research Triangle Institute will study the structure of the nursing home industry, examining the growth of the industry over time, the emergency of large chains of nursing homes, the interface between nursing homes and hospitals on one end of the scale and between nursing homes and board-and-care homes at the other, and the response of the idustry to changes in reimbursement patterns and regulation. The grant was awarded in September 1984 and lasts for 12 months.

CONSTANT ATTENDANCE ALLOWANCE

The Veterans Administration (VA) has a program of allowances for those needing continuing care for disabilities, which is much like the constant attendance allowance programs of many Western European countries. Under a grant from ASPE, Project HOPE will study the VA program, assessing the relative effectiveness of cash payments in maintaining independence and continuing close family relationships, as well as assessing the relative costs. The grant was awarded in September 1984, and the study is expected to last 12 months.

HOSPITAL CAPITAL STUDY

This project is intended to provide DHHS with the capability to evaluate various policy options affecting hospital capital supply and investment. The legislation creating the Medicare prospective payment system required the Department to study, develop and report to Congress on proposals for legislation by which capital-related costs associated with inpatient hospital services could be included within the prospective payment amounts. ASPE is performing this analysis through a combination of contracted special studies and intramural analysis, with consultation from a number of organizations that will be affected by capital policy.

Implications of Medicare Prospective Payment on Long-Term Care

The implementation of the Medicare prospective payment system (PPS) may have a major impact on the demand for and provision of long-term care services. ASPE has initiated a study to: define the potential range of effects of PPS on long-term care; survey existing data bases to determine their usefulness in answering key policy questions; and develop a systematic research agenda. This study will examine effects on individual patient outcome, including admission and discharge patterns. The behavior of hospitals in moving further into the long-term care business, as well as cost-shifting between PPS-covered services and other Medicare services such as skilled nursing facilities (SNF) and home health care and shifts between Medicare and other funding sources will also be examined. The study will be completed by July 1985.

Welfare Policy Studies

These include a number of studies of varying size, scope and duration which include the elderly as part of the target population. One illustration is the panel study of income dynamics (PSID), partially funded by ASPE as part of a consortium headed by the National Science Foundation. The PSID is an ongoing nationally representative longitudinal survey that began in 1968. It has gathered information on familiy compostion, attitudes, employment, sources of income, housing, mobility, and a host of other subjects every year since 1968 on a sample now approximately 7,500 families. Resulting data are utilized to get an accurate picture of the relative living standards of the poor including the elderly. For instance, ASPE is funding a study that will use the PSID to estimate a joint longitudinal model of marriage and employment, which can be used to obtain projections of the combined marital and employment histories of women reaching age 65 during the period 1990–2000.

Retirement Policy Studies

ASPE funds a variety of studies concerned with retirement policy, labor-supply behavior of older workers, and levels and sources of income in retirement, including Social Security, employer pensions, and private savings. Among the topics now under investigation are the following:

—The effects of occupation, industry, and health on retirement age.

—The implications of tax-deferred savings provisions, such as IRA plans.

—The effect of taxation on the employer provisions of fringe benefits, including health insurance and pensions.

—The impact of Social Security survivors insurance on the welfare of the elderly and on the private provision of life insurance.

—The effect of Social Security taxation on the economy.

—ASPE's pension provision project investigates employer pensions and their role in providing retirement income. Conducted by the National Bureau of Economic Research, this project includes studies on the effect of pensions on savings and on the allocation of capital, State and local government pensions, and comparisons of U.S. pension systems with those of other countries.

—Several smaller projects investigate topics relating to women and pensions, including studies of differences in preferences among men and women and of the effect of choices about pensions on economic hardship among widows.

OFFICE OF HUMAN DEVELOPMENT SERVICES

ADMINISTRATION ON AGING

Report for Fiscal Year 1984

INTRODUCTION

This report describes the major activities of the Administration on Aging (AoA) in fiscal year 1984. Title II of the Older Americans Act of 1965 (the act) established the Administration on Aging as the principal Federal agency for carrying out the provisions of the act. The provisions of the Older Americans Act attempt to remove barriers to economic and personal independence for older persons and assure the availability of appropriate services for those older persons in the greatest social or economic need. The provisions of the act are implemented primarily through the establishment of a national "network on aging" consisting of the Administration on Aging at the Federal level, State units and area agencies on aging established under title III of the act, and the agencies and organizations providing direct services at the community level. In fiscal year 1984, Congress appropriated $689,051,000 to support programs and activities to implement the provisions of the act, which are administered by AoA. This excludes $175,000 available for the Federal Council on Aging under the Older Americans Act appropriation. (See appendix I for a summary of AoA's budget for fiscal year 1984.)

This report is divided into four sections. Section I describes AoA's roles and functions. It highlights various activities undertaken by AoA in partnership with other Federal agencies and private organizations to foster the coordination of Federal programs related to older persons. Section II provides an overview of the provisions of Title III of the Older Americans Act, and summarizes the principal activities of the network of State units and area agencies on aging in fiscal year 1984. Section III describes the title VI program of grants to Indian tribal organizations. Section IV presents a summary of AoA's fiscal year 1984 discretionary activities under title IV, and a description of the fiscal year 1984 activities conducted under AoA's Long-Term Care Program. Section V outlines AoA's fiscal year 1984 evaluation activities. The report is followed by a series of appendixes which include additional information on the subjects covered in the body of this report.

SECTION I. THE ADMINISTRATION ON AGING

ROLE AND FUNCTION OF AOA

The Administration on Aging is located in the Department of Health and Human Services (DHHS). It consists of a total of 223 permanent, full-time employees. AoA's central office in Washington, DC, is staffed by 109 pemanent, full-time employees, and the 10 regional offices are staffed by 114 permanent, full-time employees. Title II of the Older Americans Act, as amended describes the basic roles and functions of AoA. Chief among these are to administer the programs authorized by Congress under titles III, IV, and VI of the act, and to serve as an effective and visible advocate for older persons within the Department and with other agencies and organizations.

The AoA regional offices provide direction and guidance to the State units on aging funded under title III. They assist Governors and other State officials with planning and program implementation, approve title III State plans, and monitor the collection of title III performance data. Regional offices also administer selected discretionary grants, including some model projects and training grants authorized under title IV.

AoA provides advice, assistance and consultation to the Assistanct Secretary for Human Development Services, the Secretary of the Department of Health and Human Services, other Federal agencies, and to Congress on the characteristics, circumstances, and needs of older persons. The agency also reviews and comments on departmental policies and regulations concerning services which affect the health and general well-being of older persons.

A major responsibility of the Administration on Aging is to provide leadership to other Federal agencies and the national network on aging relative to their efforts on behalf of the elderly. Toward this end, AoA has developed and implemented a variety of special initiatives aimed at improving the quality of life for older persons. Examples of special initiatives undertaken during fiscal year 1984 are described below.

HEALTH PROMOTION INITIATIVE

In fiscal year 1984, AoA joined with the Public Health Service (PHS) in designing and launching a national health promotion initiative for older persons. This initiative supports the collaborative efforts of health departments, agencies on aging, service providers, and voluntary organizations at the State and local levels in developing health promotion programs for older persons in their communities. Four major areas are emphasized: injury control, proper drug use, nutrition, and physical fitness. At the Federal level, a joint AoA/PHS steering committee was formed to coordinate the initiative. AoA and PHS regional offices were assigned responsibility to work with the States on implementation.

The Secretary of Health and Human Services invited Governors of each State and Territory to join in this national effort. Fifty-four States and Territories have agreed to participate and have designated lead agencies. These States are enlisting the participation of a variety of public and private organizations in organizing State and community level health promotion activities for older persons.

In order to assist communities publicize their health promotion programs, AoA is collaborating with the Office of the Assistant Secretary for health on the development of media materials on health promotion for the elderly. AoA and PHS jointly funded a market research study in preparation for the development of the media campaign. The market research study has been completed and its findings have been disseminated to State units and area agencies on aging, State and local health officials, and other interested parties. A contract has been awarded to develop the media materials and provide local agencies with training in their use.

AoA, with assistance from the AoA/PHS Health Promotion Steering Committee, developed a publication distribution plan consisting of over 30 publications in the four priority areas. Approximately 20 of these publications have already been provided to the States. AoA also commissioned its Aging Health Policy Studies Center to develop two new documents for use in this initiative. These documents are: (1) a guide for use by State and local health/aging units to set up health promotion coalitions and local programs; and (2) an annotated bibliography on health promotion.

In addition to the joint venture with PHS, AoA has an interagency agreement with the National Institute of Handicapped Research (NIHR) to jointly fund a project to be conducted by the Arthritis Foundation. The purpose of this project is to establish a national network of public, private, and nonprofit agencies that would enlist volunteers to conduct health promotion programs for older persons suffering from arthritis. This project will train several thousand elderly lay volunteers to conduct arthritis health promotion activities for their peers and will provide approximately 30,000 elderly persons with the opportunity to participate in this program.

To further promote the health of the Nation's 39 million older persons, AoA selected, "Health: Make It Last a Lifetime," as its focus for the 1984 Older Americans Month campaign. The Older Americans Month kickoff held at the Senior Citizens Center of South Philadelphia, was attended by some 300 center participants and by a number of representatives from other Federal agencies, national organizations, and private sector groups concerned with the health and fitness of older Americans. At the kickoff, Commissioner Tolliver and U.S. Surgeon General Everett Koop announced the launching of the national health promotion initiative sponsored by AoA and the PHS.

As part of its Older Americans Month campaign, AoA also issued an Older Americans Month proclamation signed by the President, distributed 10,000 copies of the Older Americans Month poster, and developed a media kit including facts sheets and press releases for use by the State units and area Agencies on aging. Aging magazine, the agency's official publication, featured consumer-oriented articles by experts in the fields of health, nutrition, physical fitness, and injury control. A number of these articles were reprinted in newspapers and magazines geared to older readers, so that this information was widely distributed.

During May, State units and area agencies on aging across the Nation also held lifelong fitness pairs and walks-for-life, while nutrition projects offered special nutrition education programs to project participants.

"Health: Make It Last a Lifetime" was also used as the theme for one of AoA's Commissioner's forums. The Commissioner's forums on aging are a series of open meetings which bring together a cross-section of leaders from both the public and private sectors and older people, to discuss important issues and perspectives in the field of aging. The intended purpose of the forums is to exchange knowledge and promote consideration of diversified approaches to meet the needs of the older population. Nationally known speakers make presentations on major aspects of the topics being addrressed and participants are given an opportunity to comment and make recommendations to the Commissioner on Aging.

The first of the forums for 1984 was convened in Atlanta, GA, during Older Americans Month. This forum addressed 11 health issues pertinent to older persons. They were: Alzheimer's disease, drug use, injury control, visual and hearing impairment, arthritis, respite care for caregivers, continuum of care, dental health/foot care, heat stress and hypothermia, hypertension/heart attack, and psychological problems of aging. The second forum will be held in Dallas, TX, during December. It will complement the May forum and will address the very important topics of nutrition and wellness.

ALZHEIMER'S DISEASE INITIATIVE

Early in fiscal year 1984, AoA implemented a multiyear special initiative for the development of support groups for families of older persons with Alzheimer's disease. The purpose of this effort is to increase the support and assistance available to families in coping with the problems associated with the disease.

To implement the initiative, AoA developed a strategy for collaboration between the AoA regional offices and the long-term care gerontology centers to train State unit and area agency personnel about Alzheimer's disease and on the development of community-based support groups. In turn, State units and area agencies have been asked to replicate this training as appropriate throughout their States. To assist State units and area agencies in carrying out the initiative, and comprehensive technical assistance package was developed and sent to all State units and area agencies on aging in July 1984.

More than 5,000 persons who work with older persons have been trained including staff of State units and area agencies on aging, service providers, and staff of health care programs. Forty-one States have made a commitment to undertake significant State activity to support this effort. These States are in various stages of the planning process. Some States have formed steering committees, some States are collecting information about existing family support groups as a basis for planning future efforts, and several States are beginning to plan for training programs for State units and area agency staff and service providers.

PUBLIC AND PRIVATE SECTOR EMPLOYMENT INITIATIVES

During fiscal year 1984, AoA embarked upon an active campaign to promote the hiring and/or retention of older workers in the public and private sector work forces. For the public sector initiative, AoA established an objective to increase the proportion of older workers employed by State units and area agencies by 10 percent over the levels reported in fiscal year 1983. Reports show that in 1983 approximately 10 percent of the State unit staff and 27 percent of the area agency staff were age 60 or over. To promote this initiative, regional AoA offices are working collaboratively with their respective State units on aging to assist them in developing action plans aimed at increasing the employment opportunities of older people.

AoA's private sector employment initiative was designed to link private sector employers, particularly small business owners, with older persons interested in full- or part-time employment. To assist and to support the aging network in promoting private sector employment, AoA developed and disseminated to State units and area agencies on aging a series of three technical assistance materials; (1) a handbook for use by area agencies in promoting employment of the elderly among small business owners; (2) a slide/tape presentation which highlighted the benefits of hiring older workers; and (3) a fact sheet/brochure which dispelled myths concerning the older worker and publicized the facts concerning older worker's productivity. During fiscal year 1984, 50 State units on aging, 352 area agencies on aging, and 5,007 private businesses participated in the private sector employment initiative.

An example of a State employment activity is occurring in Wyoming. In that State, the Commission on Aging along with other State agencies, requested the Governor to form a task force on older workers. In April 1984, the Governor appointed a task force whose mission is to work with small businesses, Chambers of Commerce, unions, employers associations, and employment agencies to develop an awareness of older worker needs. The task force plans to conduct a survey of employers to determine attitudes toward older workers.

In addition to promoting action at State and local levels, the Commissioner on Aging initiated a Federal Interagency Task Force on Employment, composed of representatives of a number of Federal agencies whose programs affect, or have the potential to affect, the availability of public employment opportunities for older persons. The task force provides a forum for the exchange of information about the status of current employment-related efforts within the Federal Government and seeks to identify opportunities for collaborative action among Federal agencies. The task force's agenda is to identify priorities for action during fiscal year 1985.

HOUSING INITIATIVE

During fiscal year 1984, AoA launched a major initiative in the area of housing designed to improve housing and living arrangements of older persons. The agency's efforts were based on a synthesis of the findings of AoA-supported projects which recommended possible courses of action for AoA in stimulating affordable housing for older persons. Two multiyear efforts were successfully launched with the active involvement and close cooperation of State units and area agencies an aging. AoA identified and provided guidance materials and information to assist State units and area agencies to implement both efforts. Many of these materials were products produced through the research and demonstration program authorizd by title IV–B.

The first effort is to implement volunteer-assisted projects on weatherization, safety, and security. Many older people live in houses that are old and in need of repair and improved weatherization. The deteriorating condition of such houses has a significant impact on the health, safety, and security of older homeowners. During fiscal year 1984, 38 State units and 71 area agencies on aging participated in activities related to this effort. Specific projects were implemented to improve the weatherization, safety, and security of the homes of older persons. State units and area agencies played a key role in coordinating and facilitating the use of public and private resources in a cooperative effort to improve the living conditions of older persons.

The second effort is to assist States and local communities in undertaking efforts to change laws, ordinances, and policies, which are barriers to continued residence in the community by older persons. Attention was directed at the need to enable older homeowners to choose among various home equity conversion plans for needed current income, to generate additional income by using their residence for alternative living arrangements, and to help older persons meet their property tax liabilities.

During fiscal year 1984, 42 State units and 72 area agencies on aging participated in a variety of activities designed to raise the consciousnesss of State and local decisionmakers on the need to change public policies. These activities included workshops and training sessions, testimony before legislative committees, support of local groups interested in change, provision of techncial assistance materials to interested parties, and participation in the development of strategies to remove barriers.

As part of the housing initiative, AoA and the Department of Housing and Urban Development (HUD) signed a memorandum of understanding which provides for cooperation on jointly-funded projects and other activities of interest to both AoA and HUD. Currently, AoA and HUD are jointly supporting two housing redevelopment projects. In the first project an award was made to the U.S. Conference of Mayors to develop an instrument to assist mayors and other local officials responsible for housing to assess the housing situation of older persons in their communities and to develop strategies to improve local housing conditions.

In the second project, the Institute for Consumer Policy Research, a component of the Consumers Union, received funds to produce, "The Older American's Guide to Housing and Living Arrangements." The purpose of this book is to provide a single, comprehensive source of information on housing options available to older people to assist them in making informed decisions in their own best interest.

INTERGENERATIONAL INITIATIVE

The goal of AoA's intergenerational initiative is to improve the well-being and quality of life for both young and old by increasing opportunities to develop communication, understanding, sharing, and caring among the generations. In fiscal year 1984, AoA continued to provide national leadership in stimulating the growth of programs that enable the young, the adult, the young-old, and old-old to join together in supporting meaningful activities for all generations.

Each of the 10 AoA regional offices participated in implementing an Intergenerational Exchange Program to promote intergenerational activities in collaboration with public and private agencies at the State and local levels. Regional offices sponsored a series of open forums and workshops to disseminate information and increase public awareness about the range of intergenerational approaches, from student-provided services to the disabled and homebound elderly to after-school care for "latch key" children by the elderly.

A "Guide to Intergenerational Programs" was published for dissemination to program developers on the design and implementation of intergenerational activities. This product is the result of an AoA grant to the National Association of State Units on Aging.

Collaborative efforts were also initiated between a group of private foundations and AoA to demonstrate intergenerational programs in communities around the country. AoA's proposal to cooperate with foundations in this efforet was presented by the Commissioner on Aging at the annual conference of the Council of Foundations held in April 1984.

In cooperation with other Federal agencies and the Corporation for Public Broadcasting, a series of intergenerational curricula were designed which explore aging and the improvement of relationships between the young and the old. These curricula were promoted throughout the aging network and educational institutions.

Integenerational efforts were also given priority by AoA's regional offices. For example, the AoA regional office in Seattle, WA developed an Intergenerational Gerontology Educational Program which will be used in school districts in Oregon, Idaho, Washington, and Alaska. The Atlanta, GA regional office cosponsored a project with the University of South Carolina to develop a new undergraduate course to maximize intergenerational services which enhance the life satisfaction of older persons. The AoA regional office in Kansas City, MO, is collaborating with the Boy Scouts of America, Inc., to establish requirements for Boy Scouts to receive an Intergenerational Badge. This regional office is also cooperating with Camp Fire, Inc., to develop a curriculum on intergenerational efforts for Camp Fire youth and adults.

Intergenerational activities as part of National Grandparents Day celebrations were promoted nationwide in collaboration with a wide range of public, voluntary, and private agencies that represent the generations. The President issued a nationwide statement in recognition of the important role of grandparents in promoting family strength and the development of their grandchildren. To stimulate interest and programming ideas, a summary of national events for Grandparents Day in 1983 was disseminated widely to Federal agencies, State units and area agencies on aging, nursing homes, preschools, educational institutions, corporations, and family, youth, and religious organizations.

Lastly, a number of research and demonstration projects were funded in 1984 that show promise for improving national intergenerational programs. Projects were funded that promote older persons as viable members of the family and emphasize intergenerational linkages within the family and community.

ENERGY INITIATIVE

The goal of AoA's efforts in the energy area is to assist older persons cope with rising energy costs and educate the public about prevention of energy-related illness in older people. In support of this initiative, AoA developed and disseminated timely and relevant energy-related information to the public through the national network on aging, the American Gas Association and its approximately 300 member companies, and through collaborative activities with the U.S. Office of Consumer Affairs and other national and local organizations.

During fiscal year 1984 AoA continued to be an active and influential member of the Energy and Aging Consortium, a network of about 40 diverse national public and private organizations that share concerns about the impact of high energy costs on older persons. The Consortium has been especially concerned about potentially life threatening effects of high energy costs, such as hypothermia, heat stress and for some, the unavoidable choice between buying food and fuel. The Consortium has focused on the idea of "building public-private partnerships" at the national, State and local levels to address these issues through its regular meetings, bimonthly newsletters, and in three national conferences.

AoA cosponsored the National Energy and Aging Consortium Conference held in November 1983, which brought together aging organizations, energy suppliers, government agencies, and older consumers in a forum which dealth with the need to build partnerships in addressing mutual concerns about the energy needs of older persons. It was the first Consortium Conference to attract significant numbers of State units and area agency personnel and older persons.

As a member of the Consortium steering committee and as cochair of its Project Committee, AoA has worked to encourage the development of State energy and aging consortia which focus on the energy needs of older persons. AoA has encouraged States to develop public/private partnerships using the Consortium model. To date, Georgia and Wisconsin have organized consortia and other States including Louisiana, New York, Washington, Illinois, Florida, and Arizona are making progress in this direction.

AoA collaborated with the American Gas Association (AGA), the Center for Environmental Physiology, and other organizations on the development and dissemination of two slide presentations: "Staying Warm," a presentation on the dangers and prevention of hypothermia; and "Keeping Your Cool in the Heat," a similar presentation about heat stress and older adults.

AGA member companies have been encouraged to purchase the slide shows and to loan or donate them to the aging network. So far, over 100 copies of "Staying Warm" and 50 copies of "Keeping Your Cool in the Heat" have been purchased by AGA members. In an effort to facilitate communication between the aging nework and the AGA members, AoA has advised States of the availability of these slide presentations.

Lastly, AoA awarded a grant to the Center for Environmental Physiology for conducting educational projects that encourage collaboration between the aging network, utility companies, and other organizations in hypothermia outreach and education effort in local communities. AoA also cosponsored the development of a manual on hypothermia and older adults with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Social Security Administration's Low-Income Home Energy Assistance Program (LIHEAP). The Seattle AoA regional office and the U.S. Veterans Administration cosponsored a workshop on hypothermia and older adults.

SECTION II. TITLE III SUPPORTIVE AND NUTRITION SERVICES

Under title III of the Older Americans Act, the Administration on Aging provides financial assistance to the States to develop greater capacity and foster the development of comprehensive and coordinated service systems to serve older individuals, to ". . . (1) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; (2) remove individual and social barriers to economic and personal independence for older individuals; and (3) provide a continuum of care for the vulnerable elderly."

The law requires the designation of an agency within each State to be specificially responsible for carrying out the purpose of the act. This State unit on aging is required to subdivide the State into planning and service areas (PSA) and to designate for each PSA and area agency on aging (AAA). Because of their small geographic areas or population size, 14 States have designated the entire State as a single PSA with the State unit performing the area agency functions. Funds are made available to the States upon approval of State plans by AoA regional offices. States then allocate funds to area agencies based upon approved area plans. Funds provided to area agencies are used for the administration and support of a wide range of community-based supportive and nutrition services authorized under parts B and C of title III.

The title III activities conducted in the States during fiscal year 1984 were based upon State plans ranging in duration from 2 to 4 years. Four separate allocations were made to the States for: (a) State unit administrative and advocacy activities; (b) supportive services and senior center operations; (c) congregate nutrition services; and (d) home-delivered meals. (See appendix II for State allotments under title III in fiscal year 1984).

Under the Older Americans Act, the State units have the authority to transfer limited amounts of funds among the several title III allotments in order to better reflect their local needs and priorities. In fiscal year 1984, the net transfers were as follows: Title III-A (State administration), plus $1,944,898 plus 8.9 percent [1]; title III-B (supportive services), plus $18,924,511 plus 7.5 percent [1]; title III-C-1 (congregate meals), minus $41,444,117 minus 12.9 percent [1]; title III-C-2 (home delivered meals), plus $20,574,708 plus 30.6 percent [1].

As reflected in the figures above, States have made considerable use of the flexibility permitted them under the law. Based on their assessments of need and local priorities, States elected to transfer approximately $41.4 million out of their congregate nutrition programs in order to increase their levels of investment in supportive services, home-delivered meals and State administration. Section 308(b)(2) allows States to transfer up to three-fourths of one percent of funds available to carry out State plan activities. Allotment figures for these programs cited later in this section reflect these transfers. (See appendix III for State allotments after transfer under title III in fiscal year 1984.)

The States made awards to the area agencies, based upon their approved area plans, to pay up to 85 percent of the costs of supportive services and senior centers for nutrition services. In most cases, area agencies then arrange with both nonprofit and proprietary service providers to deliver nutrition and other services described in the area plan.

At the State and local level, the State units and area agencies are charged with performing roles of advocacy and coordination similar to the responsibilities of AoA at the national level. They review and comment on State and community policies, programs, and issues; provide testimony at public hearings; publish reports; coordinate and provide technical assistance to other public and private agencies and organizations; and leverage resources from Federal, State, and local programs, as well as, private charitable and business resources.

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[1] Transfers as a percent of original allotments.

As already indicated, the general purpose of the title III program is to develop greater capacity at the State and local levels and foster the development of comprehensive and coordinated service systems to serve older persons. The title III program has evolved from a relatively simple program of over 1,500 community service projects for older persons administered by 57 State units on aging into a complex and highly differentiated "national network on aging" currently consisting of 719 State units and area agencies on aging and 26,046 local nutrition and supportive service providers. These nutrition and supportive service providers are local, public, private, and voluntary organizations which deliver the direct services to older persons in their communities. Not only do the State units and area agencies use title III monies to provide sevices they are also instrumental in leveraging other public and private monies (for example, other State and local funds, private foundation contributions, title XIX and title XX of the Social Security Act, and United Way funds) in supporting the needs of older persons.

In fiscal year 1984, AoA began or continued implementation of initiatives to target assistance to needy groups in the elderly population, and to help State units and area agencies position themselves to meet increased demands for services at a time when economic recovery depends upon restraint in Federal and State expenditures.

MINORITY PARTICIPATION INITIATIVE

The Administration on Aging launched a national initiative to assist State units on aging in developing and implmenting strategies to increase minority participation in Older Americans Act programs. This intitiative combined with cooperative efforts of State units on aging, regional AoA offices, and the four national aging minority organizations: Associacion Nacional Pro Personas Mayores, National Center on Black Aged, National Pacific/Asian Resources Center on Aging, and National Indian Council on Aging.

During the second and third quarters of fiscal year 1984, biregional workshops on minority participations were conducted in New Mexico, Idaho, Virginia, Connecticut, and Kansas. These seminars were convened by the respective AoA Regional Program Directors and were attended by State directors on aging, representatives of the regional and national DHHS Office of Civil Rights, and the National Association of Area Agencies on Aging. Discussions were conducted on topics such as minority population characteristics, specialized outreach techniques, counseling the older minority person, and modifications to State funding formulas.

AoA expects to achieve an increase in older minority participation in the client population of title III programs by the end of fiscal year 1985. The agency's target is an overall minority participation rate of 20 percent of the total number of persons served, as compared to approximately 18 percent in fiscal year 1982.

To further support this effort, each of the national minority organizations noted above was awarded funds under title IV to carry out a range of targeted activities including: strengthening minority linkages with the aging network; developing needs assessments; and enhancing the capabilities of community providers. AoA also funded the National Association of Area Agencies on Aging to develop strategies to further assist area agencies on aging in increasing minority participation.

PARTICIPANT CONTRIBUTIONS INITIATIVE

Another initiative is intended to increase voluntary contributions from program participants. Title III regulations require that each service provider must "provide each older person [receiving services] with a full and free opportunity to contribute toward the cost of the service." The amount of such contributions has been rising steadily since this initiative began: Fiscal year 1981, $79 million; fiscal year 1982, $100.8 million; fiscal year 1983, $116.7 million; fiscal year 1984, $131.7 million.

As part of this effort, AoA completed an evaluation of financial contributions of supportive services. The evaluation section of this report addresses results of this evaluation.

PERFORMANCE-BASED CONTRACTING INITIATIVE

The performance-based contracting system (PBC) is an integral part of the Administration on Aging's continuing initiative for improving the State units' and area agencies' financial management capability. Area agencies using the system enter into payment agreements with service providers that have fixed prices for reimbursing the service providers for mutually and commonly defined service units. Service providers are reimbursed only for the services delivered rather than their total budgeted costs. The system components of policy planning, operational planning, performance payments, and management control moves service providers toward greater accountability and cost-effectiveness in their delivery of services.

Starting in fiscal year 1982, AoA began identifying State units on aging (SUA) to promote use of the PBC system by their area agencies on aging (AAA). Through fiscal year 1984, 37 SUA's have promoted PBC by providing training sessions, issues workshops, and general technical assistance on use of the system. This year, AoA also jointly sponsored, with the Office of Human Development Services, training sessions orienting regional office staff on the PBC system. AoA's regional office staff will continue to promote PBC activities through on-site visits to SUA's, by assisting SUA's in identifying potential PBC system models, and by participating in workshops and task forces on PBC involving SUA's, AAA's and service providers.

Examples of activities which have been undertaken at State and local levels related to performance-based contracting are the following:

—Performance-based contracts have been awarded to adult day care and in-home service providers in Maine. The State unit on aging is in the early stages of developing uniform PBC policy and procedures, and is studying PBC's relationship to automated information systems.

—The Rhode Island State Unit on Aging uses performance-based contracting for assessing home-delivered meals and providing transportation services. Training in the PBC system is being provided to area agencies.

—The North Dakota State Unit on Aging has implemented performance-based contracting for purchasing nutrition and supportive services in contractual amounts ranging from $1,100 to $250,000. Current procurement practices are being refined.

NUTRITION PRODUCTIVITY INITIATIVE

The nutrition productivity initiative was in its second year of operation. Its purpose is to maintain or expand nutrition services while simultaneously reducing or controlling meal costs. State units and area agencies on aging and local nutrition service providers have been diligent and innovative in their approaches to this initiative and most concur that this is a worthwhile program management effort which focuses management attention on the identification of factors directly impacting on cost and productivity.

Some approaches utilized by the State units and area agencies which have lowered cost and expanded the number of meals served during the year include efforts: (1) to change contracting techniques to consortium and performance-based contracting; (2) to make effective use of volunteers in lowering labor costs; (3) to use untapped resources to augment Federal funds; (4) to improve food service management; and (5) to form partnerships with the private sector. Typical State activities which have been shared with AoA and other State units for possible replication are:

—The California Department on Aging negotiated contracts to fund eight new Brown Bag Network programs. The additional funding was used to expand the program from 19 to 27 projects which provide donated surplus food, produce, and other food commodities to low-income California seniors. Thousands of seniors benefitted from the efforts of senior volunteers who gathered the fresh-picked fruits and vegetables, prepared bread, and made use of frozen food and canned goods for the Brown Bag Program. Growers, packers, canneries, and supermarkets donated foods which otherwise would have been wasted. During 1983, $258,000 was allocated to 19 projects serving 25,528 seniors. Some 5,652 volunteers assisted in the distribution of over 7 million pounds of donated surplus food. The estimated value of the food was $3.5 million. The use of volunteer labor saved approximately $1.2 million.

—In Tennessee, a cooperative venture between Senior Citizens, Inc., and the State Area Vocational/Technical School at Nashville, TN, was established. The vocational school's food service program chief instructor taught classes at the Knowles Senior Center. Under the supervision of the instructor, the class prepared the noon meal for the center, including special meals for persons requiring specific diets. The program allows the student to gain experience in cooking for approximately 200 persons daily and offers patrons of the cafeteria new culinary specialties. Graduates of the course will be qualified bakers, cook's helpers, and salad makers.

—In Vermont, an all volunteer meals program was established through the efforts of a handicapped woman who worked to get members of the local "senior club" interested in starting a meals program for seniors in an extremely rural and isolated area of northeastern Vermont. They approached the area agency, which provided funds for food. Local volunteers obtained free use of the church, fixed up the kitchen, solicited business donations for supplies, and built a network of volunteers to cook, clean, maintain records, provide rides, and perform other tasks. The site is now in operation and is serving 52 seniors a hot meal twice a week and acting as a magnet for older people isolated by the rural geography. Everything except the funds for food and the mileage reimbursement for home-delivered meals is donated or volunteered. Volunteers from this program have received training in food preparation offered by the Vermont Office on Aging. The community is working hard raising money to heat the building during the cold weather. If they reach their goal, the area agency has agreed to match the funds. This project represents an extraordinary effort by local volunteers to secure services for needy older persons. Another initiative undertaken in Vermont is the Vermont Office on Aging (VOA) publicity campaign to increase awareness of the senior meals program. Last year, over 700,000 meals were served to over 15,000 seniors in Vermont, at 98 different sites and to homebound elderly as well. The VOA has printed bumper stickers ("Senior Meals are Good Company"), which are designed to be used as fund-raisers. In addition, ticket booklets with coupons for five meals are available to be used as gifts to introduce older people to the program.

DATA MANAGEMENT INITIATIVE

A final initiative is aimed at improving the quality, utility, and timeliness of information on the title III program that is provided to AoA from the State units and area agencies on aging. Steps taken in this area include access by all 10 AoA regional offices to: (1) The National Data Base on Aging; and (2) a computerized financial reporting system. Revised State program performance requirements have also been developed. These efforts are designed to: (1) allow regional staff direct access to a comprehensive, disaggregated data system in carrying out their responsibilities of analyzing the program; and (2) reduce the time lag in producing national reports while reducing the paperwork burden on the States.

A. State Units on Aging

Fifty-seven States and other jurisdictions receive support under title III of the act. The 1981 amendments to the act provide greater flexibility to State units by permitting them to elect durations of 2, 3, or 4 years for State and area plans. Beginning on October 1, 1983 (fiscal year 1984), 24 States or territories (42 percent) operated on a 2-year cycle; 22 (39 percent) operated on a 3-year cycle; and 11 (19 percent) operated on a 4-year cycle.

State units are organizationally located in State governments either as independent agencies reporting directly to the Governor, or as components of larger human services agencies. In fiscal year 1984, there was a total of about 1,820 persons on the staff of State units, including about 185 older persons. States have established a total of 679 planning and service areas throughout the Nation.

In fiscal year 1984, States received $23.6 million of title III funds for State unit activities. This was supplemented by State matching funds. The activities undertaken with these funds include advocacy, provision of assistance to area agencies, and development of the State plan.

In addition, State units used title III-B (supportive services) funds to establish and maintain long-term care ombudsman programs. The 1981 amendments to the act required States to extend their services and protection of older persons to residents of certain types of boarding homes. Through their ombudsman programs, States have addressed such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes.

The number of substate ombudsman programs reported by States continues to increase. During fiscal year 1983, the most recent period for which data is currently available, there was a net increase of 34 local or regional ombudsman programs, bringing the nationwide total from 503 in fiscal year 1982 to 537 in fiscal year 1983. Area agencies on aging were by far the most frequent sponsors of local programs. About 77 percent of the local projects were operated by or controlled through local, area, or State governing bodies.

In total, State ombudsman reports showed that ombudsman program funding in fiscal year 1983 was $12.1 million, an increase of 16.3 percent over the level of $10.4 million reported in fiscal year 1982. This included $4.8 million utilized at the State level and $7.3 million utilized at the local level. In addition to title III-B funds, State and local governments used funds from other sources, such as State taxes and funds from private and nonprofit sources.

Nationwide, over 6,300 people worked in the program during 1983. Approximately 490 professional staff members worked full-time on the program, and another 640 professionals worked part-time. The number of volunteers serving the program in fiscal year 1983 was over 5,200, an increase of 60 percent over the previous year's level.

During fiscal year 1983, and continuing into fiscal year 1984, AoA completed 20 chapters of a 22-chapter Ombudsman Technical Assistance Manual for State and local ombudsmen. Copies were sent directly to all State ombudsmen, over 500 local ombudsman programs, and to State units and area agencies on aging. AoA has received many favorable comments on these materials.

The Long-Term Care Ombudsman Program was featured on NBC's "Today Show" on July 11, 1984. The broadcast highlighted the work of the Los Angeles County Ombudsman Program. The reporter, David Horowitz, concluded the segment with the statement, "And thanks to the volunteer ombudsman . . . (the Ombudsman Program) is one of the most cost-efficient government aid programs I've ever seen." The story resulted in many calls to NBC from people requesting information on how they could contact their State ombudsman program.

In September 1984, AoA announced that a national ombudsman training conference for State ombudsmen, State directors on aging, State legal services developers and others working on the Ombudsman Program at the State level would be held in Philadelphia, on November 28-30, 1984. The agenda for this conference will address topics and issues identified by the States. The conference will also be the occasion for celebrating the 10th anniversary of the nationwide Ombudsman Program.

In addition to their major responsibilities regarding State plan development, designation of planning and service areas, and funding of area agencies on aging, State units on aging initiate collaborative efforts with other State agencies for system development and coordination of services, initiate proposals for State legislative changes, and develop programs to improve the lives of older persons. Examples of selected activities are presented below:

—The Alabama Commission on Aging worked in support of a law which now enables citizens to designate portions of their income tax refund to be contributed to aging programs through the commission. A spokesman from the State Department of Revenue voiced anticipation that some 900,000 Alabamians will be due refunds of 1984 taxes, opening a potential for substantial amounts of new contributions to aging programs. The Commission on Aging staff were successful in having the "checkoff" for contributions to aging programs listed first of the four choices offered Alabama taxpayers, thereby increasing the probability of the taxpayers designating their gifts for aging programs.

—Maryland is expanding its Sheltered Housing Program, which provides supportive services in conjuction with living arrangements. The Sheltered Housing Inventory has increased to more than 700 units statewide. Special emphasis has been placed on the use of existing housing, such as single family homes, to increase the number of housing units for the frail elderly in the community. By providing certificates to operate single family homes, this makes it easier for small providers to provide housing services to small groups of four to six older individuals. It also provides a more feasible alternative in rural areas where there is not enough of a concentration of people to operate apartment complexes. Five new counties are expected to develop sheltered housing projects using the single-family model in the near future.

—Delaware operates a statewide program to encourage and promote the employment of workers 40 years of age or older. It is called the Referral and Employment Network for Experienced Workers (RENEW). Six title V enrollees serve a staff for the program and are located in each of the Job Service Offices throughout the State. They were successful in placing appropriately 215 older persons in private sector jobs during the 1983-84 period.

—The Pennsylvania Department on Aging promoted adoption in several communities of the Carrier Alert Program in which U.S. mail carriers check for signs of inactivity at the homes of older people which could indicate whether a resident has suffered serious illness or injury. All Pennsylvania area agencies on aging were urged to begin such programs in their countries. In addition to endorsing Carrier Alert, the Department of Aging conducted a survey to determine the level of participation in the program. Several AAA's were already participating.

—In North Dakota, implementation is underway for an Optional Services Program (OSP). The intent of the program is to make available an alternative to nursing home care by providing reimbursement for in-home and community services. Under the program, the cost for providing the following services can be reimbursed with State funds: chore, homemaker, home health aide, respite care, and case management. Participating counties can also receive reimbursement for providing adult family (foster) care and family home care. Although attention is focused on the provision of services and assuring greater access to services, the OSP is not intended to replace or supplant the available natural helping network. The services are to be provided as a supplement to other services already available from providers in the community.

—The State of Missouri is initiating a program utilizing older volunteers to provide respite care to needy older persons. Under this program, older volunteers are trained before providing services. The unique aspect of this program is that the older volunteers' time will be "banked" or recorded so that when the older volunteers themselves have need they may in turn receive comparable assistance.

—In Nebraska, a new initiative begun during 1984 by the State Unit on Aging is entitled, "The Heritage Planters Program." It is a cooperative effort between the Nebraska Department on Aging, the Nebraska Statewide Arboretum, and the First Federal Savings and Loan of Lincoln, NE. The purposes of the program are to utilize older Nebraskans in enhancing the environment and to create a positive image of older persons. Older volunteers worked on a variety of beautification projects in county fairgrounds, parks, senior centers, memorial gardens, and at one nursing home. The State is optimistic that a larger effort will be undertaken this year through increased private sector support.

—In Illinois, a statewide toll free nursing home hotline handling complaints regarding nursing home abuse began operation in August 1984. The hotline is part of an interagency nursing home advocacy program operated by the Illinois Conference of Churches and supervised by the Illinois Department on Aging and the Illinois Department of Public Health. The hotline is funded by a grant of $125,000 from the Illinois Department on Aging.

—In Michigan, 16 older persons participated in a 1-week Senior Citizens Legislative Intern Program. Sponsored by the Legislature's Joint Committee on Aging, it was modeled after the Congressional Intern Program. The program was designed to provide interns with detailed knowledge of the legislative process and how, as individuals, they could have an impact on it. At the same time, the program was tailored to educate participating legislators and their staffs about the problems, issues, and abilities of senior citizens. Throughout the week, interns handled constituent problems, did research, and attended hearings and seminars on current issues. Because of the success of the program, there are plans to continue it annually.

—In Alabama, the Commission on Aging and the Alabama Power Co. initiated a statewide program through area agencies. This program involved the distribution of window locks to senior citizens throughout the State. These locks would allow a homeowner without air conditioning to open windows for circulation of air in the hot season without fear of an intruder taking advantage of an open window. Area agency staff assisted in distributing approximately 10,000 locks to senior citizens. This program was funded entirely by the Alabama Power Co.

—As a part of its plan to improve targeting of services to minority elderly, the Washington State Bureau of Aging and Adult Service (BAAS) is distributing materials to area agencies on aging to assist in serving persons with limited English-speaking ability. The BAAS recently distributed a poster to area agencies on aging and subcontractors to be used when a receptionist is faced with someone who speaks little or no English. The poster is entitled, "Point to the Language You Speak." The poster lists 11 foreign languages (Japanese, Korean, Spanish, Viet Namese, Laotian, Cambodian, Chinese, H'mong, Samoan, Ilocano, and Tagolog) and can be used to determine the appropriate language for interpreter services. All area agency and subcontractor staff are to be trained to effectively deal with limited English-speaking elderly.

—In March 1984, the New Jersey Department on Aging released a comprehensive guide entitled, "Law Points for the Elderly." This guide was developed with the New Jersey State Bar Association and was designed to answer legal questions of special interest to the elderly of New Jersey. In an easy to understand question/answer format, the guide covers topics such as: age discrimination; apartments, boarding and nursing homes; dealing with creditors; disability; home equity conversion; medical expenses; social security and SSI benefits; and wills. The demand and favorable response to this guide has already resulted in a reprinting. The guide will also be used as a training document for lawyers, paraprofessionals, and other aging service providers interested in the legal rights of older people.

B. Area Agencies on Aging

In fiscal year 1984, there were 662 area agencies on aging operating under title III of the Act. (As of the end of fiscal year 1984, there were 679 planning and service areas, including 14 single planning and service areas covering whole States. In three other service areas, State units on aging had assumed temporary responsibility for operating service programs under title III.) An area agency on aging may be a public or private organization, an Indian tribe, or a substate regional body. Area Agencies have the major responsibility for the administration of funds for title III-B supportive services and title III-C nutrition services. Area agencies receive their funds from the State unit and then award grants and contracts to local supportive and nutrition service providers under an approved area plan.

Area agencies are responsible for providing technical assistance to, and monitoring the effectiveness and efficiency of, their respective service providers. Through their coordination and planning activities, area agencies also address the concerns of older persons at the community level. Area agencies interact with other local public and private agencies and organizations in order to coordinate their respective activities and elicit of "leverage" additional resources to be used on behalf of older persons.

In fiscal year 1984, there was an estimated total of about 11,474 persons on the staffs of area agencies, including an estimated 3,157 older persons. the staffs are augmented by approximately 78,000 volunteers throughout the Nation.

Area agencies and single planning and service areas received a total of $637.1 million of title III funds during fiscal year 1984. Of this amount, more than 85 percent was used for supportive and nutrition services and the remainder was spent for administrative purposes. Area agencies augmented their title III funds through eliciting support from other Federal, State, and community sources.

Title III-B supportive services are designed to provide assistance to those older persons in need. Most supportive services fall in three broad categories: access services, in-home services, and other community and neighborhood services. Access services are transportation, outreach, and information and referral. In-home services are housekeeping, personal care, chore, visiting, and telephone reassurance. Other community and neighborhood services are, for example, residential repair, escort service, alteration and renovation, health services, physical fitness programs, and preretirement and second career counseling.

Area agencies received a total of $269.8 million for title III-B supportive services during fiscal year 1984. The total number of older persons served in fiscal year 1984 by these services is estimated at 9.3 million persons. This includes approximately 1.6 million minority (18 percent) and 4.8 million (51 percent) low-income older persons. A total of about 8,900 providers participated in the delivery of supportive services to these 9.3 million older persons.

Area agencies received $367.3 million of title III-C funds for nutrition services in fiscal year 1984—$279.7 million for congregate nutrition programs and $87.6 million for home-delivered nutrition services.

Nutrition service providers served over 211.9 million meals to older people and their spouses during fiscal year 1984 (some of these meals were also supported by, but not limited to, State funds, title XX—social services block grants, other Federal funds and State/local funds not included as part of the fiscal year 1984 title III matching requirement). Over 3.2 million elderly received meals at congregate sites, including 1.8 million (56 percent) low-income persons and 596,000 (19 percent) minority persons. Home-delivered meals were provided to 623,000 elderly persons, including 373,000 (61 percent) low-income persons and 116,000 (19 percent) minority persons.

Nutrition services were provided at 14,400 congregate sites which employed 25,100 paid staff and 230,100 volunteers. Thirty-six percent of the paid staff were 60 years of age and older. During fiscal year 1984, 3,500 home-delivered service providers delivered meals to the homebound elderly. There were 13,000 paid staff working in home-delivered meal programs, about 32 percent of whom were older persons. Over 104,000 volunteers assisted in this program, and 68 percent were older volunteers.

In addition to managing the title III programs in their communities, area agencies on aging work with the State units on aging and other organizations in their communities in designing and implementing service development programs. Examples of selected activities are presented below:

—The Eastern Idaho Special Services Agency (EISSA) located in Idaho Falls has negotiated with Lincoln Court (a private senior housing project) that provides apartments and three meals a day to occupants) for the provision of congregate and home-delivered meals to nonresident older persons on weekends. The particular advantage of this arrangement is that Lincoln Court already provides meals 7 days per week and is in a position to provide meals to other older persons on the same schedule. Since staff, facilities, and equipment are already in place, Lincoln Court can produce additional meals for older persons in the community for a reasonable cost. The area agency believes that it has negotiated a very cost-effective contract for the expansion of meal services in Idaho Falls.

—In Virginia, the Gerontology Program at Hampton Institute has initiated a national project to promote the development of aging service providers among private sector and nontraditional service organizations. The program, "Project SIEGE" (strengthening intergeneration exchanges and group efforts), is a partnership with Alpha Phi Alpha Fraternity, Inc., to demonstrate ways in which graduate chapters of the oldest black Greek-letter organization can serve the elderly. Eight graduate chapters of the fraternity were selected from a national competition in which in over 75 applications were submitted for consideration. The selection of sites was announced at a series of workshops conducted during the fraternity's annual conference.

—In Carson City, NE, Project SAVY (Seniors and Volunteer Youth) is a project aimed at increasing intergenerational activity. The Carson City School Board gave its approval for recruitment of 25 full-time students from grades 9 to 12 who will receive academic credit for working closely with older people. Staff from various local agencies conducted a 1-day orientation for students in which the students learned: (1) what it is like to be elderly, frail or blind, including role-playing and simulated wheelchair confinement; (2) practical skills in making beds, washing dishes, and methods of assisting the frail elderly; and (3) first aid and CPR instruction with certification. After orientation, placements (matches) were made with an attempt to have students as close to their home as was possible. Students are required to participate twice per week with a minimum of 2 hours per day. They are given a choice of three types of activities: (1) companionship for the homebound elderly; (2) participation at the senior center in events such as dances or other social activities involving direct interaction with seniors; or (3) visitation on a one-to-one basis with patients in local nursing homes.

—In Suffolk County, NY, the area agency took the initiative in addressing a serious gap in meals-on-wheels services by recruiting and mobilizing the volunteer community. Through a community organization process, including community meetings, the development of steering committees and ongoing technical assistance, the area agency was able to start voluntary, nonprofit meals-on-wheels programs in four communities. No State or Federal funds are utilized. All funds and in-kind contributions are from the private sector. Recipients pay a $4 per day fee, which can be scaled down according to their ability to pay. The program provides two meals a day (one hot and one cold), 5 days a week to the frail elderly population residing in areas that are not served by any county-funded programs or other agencies. It is a "people-caring-for-people" program through voluntary commitment which has been acknowledged by local newspapers as an outstanding community effort. In 1984 this program received a National Association of Counties achievement award.

SECTION III. TITLE VI GRANTS TO INDIAN TRIBES

Under title VI of the Older Americans Act the Administration on Aging annually awards grants to federally-recognized Indian tribes. These grants assist the tribes in delivering nutrition and supportive services to the tribes' elderly. To qualify for financial assistance a tribe must have at least 75 Indians who are age 60 years or older. However, having met this basic population requirement, each tribe is free to determine the minimum age at which its members become eligible to receive nutrition and supportive services.

Minimum age for services:	*Percent*[1]
60+ years	48
55+ years	41
50+ years	9
45+ years	1

[1] Percent of tribes requiring age.

For fiscal year 1984, 83 tribes were funded under title VI. They listed a title VI-eligible population of 19,113 persons. The tribes were distributed over nine of the ten Federal regions and were in 23 States.

During fiscal year 1984, service data was analyzed for the fiscal year 1983 period. These service data reflect the following:

—Of the eligible population, 16,859 persons participated in nutrition services and 13,132 received one or more of nine supportive services.

—Some 1,067,341 meals (from all sources of funds) were served by the tribes, of which 57 percent were served in congregate settings and 43 percent were delivered to the older Indians' homes. This was an increase from 1,011,912 in the previous reporting period.

—The number of older Indians receiving congregate meals declined somewhat, however, from 12,148 to 11,888, while those receiving home-delivered meals declined from 5,317 to 4,971.

—The number of units of supportive services (e.g., transportation, information and referral, homemaker, legal, and ombudsman) increased from 607,054 to 835,655 units of supportive services. About 44 percent of the service units was in the transportation (access) category, while another 26 percent was in information and referral.

—The tribes provide their older members with a variety of services. About 99 percent of the tribes provided transportation services while only about 8 percent provided ombudsman services, as reflected in the following table:

Supportive services category:	*Percent*[1]
Transportation	98.8
Information and referral	97.6
Other community services	74.7
Other access services	72.3
Legal	51.8
Other in-home services	51.8
Homemaker	44.6
Other services in care providing institutions	19.3
Ombudsman	8.4

[1] Percent of tribes providing given supportive services.

—About 62.5 percent of the tribes' expenditures was used to provide nutrition services and the remaining 37.5 percent was used to render supportive services.

During fiscal year 1984, AoA continued to implement a system for program data and financial reporting that paralleled the system used in title III. The system of reporting was changed from quarterly to semiannually, with the type of supportive services reported being more similar to the data collected in title III, but with less detailed reporting of units of service.

AoA also continued to administer a contract to provide training and technical assistance to the tribal organizations for the administration of their grants. Assistance was provided in managing nutrition services programs, providing supportive services, and grant management.

For the first time since since 1980, an invitation was extended to new tribes to apply for financial assistance, with the proviso that awards would be contingent on funds being appropriated in fiscal year 1985 above the fiscal year 1984 level. A workshop was held in Denver during May 1984 to explain the requirements and the application process to new tribes. In August 1984 applications were received from 48 additional tribes.

During fiscal year 1984, an evaluation of the title VI program was completed. The objectives of the evaluation were to determine to what extent the title VI program has been implemented; to identify barriers to effective operation; to assess client and provider satisfaction; and to recommend improvements at project, tribal and national levels of the program. The findings from the study indicate that the program is meeting the objectives of the current legislation and regulations.

The title VI program continued to participate in the OHDS cooperative management initiative (CMI), an initiative to promote increased tribal control over Federal Indian programs and to promote improved program management through a more efficient use of resources. The OHDS agencies involved are the Administration on Aging, the Administration for Children, Youth and Families, and the Administration for Native Americans. As of September 1984 a total of 21 tribes had decided to join this initiative.

The 83 title VI grantees received a total of $5.735 million under title VI in fiscal year 1984. (See appendix IV for a summary and listing of fiscal year 1984 title VI grantees.)

SECTION IV. AoA DISCRETIONARY PROGRAMS

Title IV of the Older Americans Act, as amended, authorizes a program of discretionary grants and contracts to support training and education, research and demonstration, and other activities. The primary purpose of these activities is to develop the necessary knowledge and information base to assist AoA and the State units and area agencies on aging to carry out the goals, objectives, and program services set forth in the act. A total of $22,175,000 was available to support those efforts during fiscal year 1984. This section describes AoA activities during fiscal year 1984 for title IV, part A—Education and Training, and part B—Research, Demonstration, and Other Activities. This section also includes a description of the major long-term care initiatives undertaken by AoA in fiscal year 1984.

A. TITLE IV-A—EDUCATION AND TRAINING

Section 411 of the act authorizes the award of grants and contracts to assist in recruiting persons to enter the field of aging; in training volunteers and persons employed in or preparing for employment in the field of aging; and to provide technical assistance and other activities related to such training.

1. Gerontology Training Program

In fiscal year 1984, 33 new projects were awarded grants in three competitive areas. A brief description of major activities is presented below:

Career preparation for employment in aging.—Support was awarded to five academic institutions for development and improvement of educational programs for persons preparing for paraprofessional and professional careers in the field of aging. Four projects emphasize curriculum and faculty development; didactic and field practicum course development and enrichment; coordination of student placement; and interchange of activities with aging agencies and service organizations. One project will exchange gerontology course credit and certificate awards between public and private academic institutions.

Several projects focus on coursework improvements in the career preparation of allied professionals who have a significant impact on the lives of older people. Two community colleges are developing training modules for students who plan to work in community and in-home service agencies giving respite and institutional care for older adults. Three schools of social work are revising their curricula to include more social gerontology and geriatric knowledge and skills. Four institutions are developing gerontological training sequences for medical doctors, osteopathic physicians, medication therapists, and librarians.

Continuing education and training.—Several grants were awarded to professional and aging associations to develop gerontology or geriatric programs and materials for in-service training of practitioners and self-employed professionals. One project is supporting fellowships that place academic faculty and researchers in planning and service organizations to work on short-term applied research projects that are mutually beneficial to host institutions and fellows. Another project is sensitizing scientists and engineers to the needs of older persons as a means of finding practical solutions to social problems of the elderly using existing technology.

A third project is updating and modifying instructional materials for health and mental health professionals which explain the programs, organizations, and activities authorized by the Older Americans Act. Three grants were awarded to professional and academic associations representing groups serving older adults. These projects are developing training materials for social workers, counselors, and osteopathic physicians.

Minority training and development.—A number of grants were awarded to institutions of higher education with a large minority enrollment and to nonprofit organizations representing minority groups to improve training programs and to support postgraduate management internships in aging organizations. Special emphasis was placed on support of seven historically black colleges and universities (HBCU's). These grants were part of AoA's overall strategy in support of President Reagan's Executive order of September 15, 1981, which is intended to strengthen the capacity of HBCU's in providing quality education.

Grants were awarded to two organizations representing the black and Hispanic elderly. Both projects support 12-month internships of recent college and university graduates in organizations and agencies serving older adults. Three grants were awarded to Hispanic and Native American training programs under the career preparation and continuing education and training categories. They include a multidisciplinary career preparation project, a project developing bicultural training materials for social workers, and a health promotion training program for elderly diabetics.

2. Education for Older Adults

Title II and title IV of the Older Americans Act provide for AoA's stimulation and support of efforts to increase the availability and quality of education for older adults. Title III provides a similar authority for State units and area agencies on aging. In fiscal year 1984, the Administration on Aging initiated an Education for Older Persons Program. Five grants were awarded to academic and nonprofit organizations to advance volunteer, employment, and other educational opportunities for older adults.

In addition, in keeping with the memorandum of understanding signed by the Commissioner on Aging and the Assistant Secretary for Vocational Education, of the Department of Education (DOE), AoA and DOE developed and disseminated to the network on aging and State departments of education a technical assistance document entitled, Education for Older Persons: Illustrative Project Profiles and State Level Agreements. This document contains over 60 profiles of innovative local educational projects and seven adult education agreements reached by State units on aging and State departments of education. It is designed to foster greater collaboration between the network on aging and public education to enhance educational opportunities for the Nation's older persons.

3. State Education and Training Program

The purpose of this program is to provide training and technical assistance to improve the knowledge, skills and performance of persons currently employed in the network on aging. Each State was awarded a training grant based on State priorities and plans. Twenty-two States received an additional grant to train network staff in AoA's priority areas of housing, employment, and health. This program provided training in nearly every aspect of State, area, and service provider functioning. The training was needed because of staff turnover, legislative changes, reorganizations, service expansion, management improvements, and retraining. The training was related to a broad spectrum of need, including service coordination, case management, volunteer utilization, service technology and issues, nutrition service, client needs assessment, resource development, contracting, grants management, and reaching underserved or difficult to serve elderly persons.

4. Technical Assistance

The Administration on Aging funded 2 days of onsite technical assistance to each of the 83 Indian tribal grantees supported under title VI of the act in fiscal year 1984. This assistance, together with 3 days of training, related to all aspects of AoA's projects for elderly Indians, including management, nutrition services, and a full range of social services. Each grantee was also provided with 3 days of training tailored to meet the needs of both new and experienced project staff.

5. Regional Office Developmental Activities

These activities were initiated in fiscal year 1984 to assist the AoA regional offices in the effective implementation of the priority program initiatives established by the Commissioner. The seven priority initiatives were:

—The national health promotion initiative.
—The Alzheimer's family support initiative.
—The long-term care support system initiative.
—The national housing strategy.
—The national employment strategy.
—The program productivity initiative.
—The targeting initiative.

Title IV funds were allocated for each of the 10 regional offices to develop activities promoting the identified priorities. The activities have greatly increased public awareness of aging illnesses such as Alzheimer's disease and osteoporosis, as well as public sensitivity toward housing, employment, and health care issues faced by the older persons.

B. MULTIDISCIPLINARY CENTERS OF GERONTOLOGY

Title IV-A, section 412 of the act authorizes the award of grants to public and private nonprofit agencies, organizations, and institutions for the purpose of establishing or supporting multidisciplinary centers of gerontology, and gerontology centers of special emphasis, for example long-term care.

1. National Policy Studies Centers

In fiscal year 1984, AoA continued three national policy studies centers in the areas of income maintenance, health, and employment, which were originally funded in fiscal year 1980. During the past year the centers were engaged in policy analysis and development; policy research; and the preparation of personnel for undertaking work in these areas and for teaching these skills to others. Another important task was to respond to a limited number of requests from AoA for assistance, typically, involving policy analysis.

The subject matter, location, activities, and key products for the policy centers during fiscal year 1984 are listed below:

Center on income maintenance located at Brandeis University.—During fiscal year 1984, the center worked on the development of a working paper on "Alternative Interestate Formulas for Allocating Funds Under Title III of the Older Americans Act." This working paper builds on analyses conducted and products developed during the previous budget period.

The center also worked on the development of an operator's manual for a "User Friendly Model for Transportation Providers." The manual describes the use of a computerized financial planning package designed to help users provide transportation services to clients on a more cost-effective basis.

The center continued work on an extension of an analysis of the implications of special corporate retirement benefits. In the previous budget period, the center sponsored a meeting of representatives of eight major private sector organizations to explore the implications of the Early Retirement Incentive Programs (ERIP) which those organizations have offered. A followup meeting was held in Washington, DC, during fiscal year 1984 to enable representatives of these organizations to meet and exchange information and recommendations on ERIP with Federal-level policymakers.

During this year, the center has continued to provide technical assistance to AoA. This technical assistance was provided on a number of issues related to the income needs of older persons.

The center also assisted AoA in the area of staff training by providing a 2-day training session on income maintenance issues. This training session was videotaped for use by Federal staff at all AoA regional offices.

Center on health located at the University of California—San Francisco.—The center assisted AoA and the public Health Service in the implementation of multiyear initiatives on Alzheimer's disease and health promotion. The center's role was the preparation of training materials and manuals for State units and area agencies on the development of support groups for families of Alzheimer's patients and other materials for State aging and health departments and their local counterparts. In addition to providing general information about major health problems of older persons, one manual provided information on establishing health promotion programs.

The center also had a major supportive role in Older Americans Month activities since the theme for 1984 was "Health, Make It Last a Lifetime." Center contributions were numerous, including an article published in the special edition of Aging magazine, and production of a program development manual covering fitness fairs, walks for fitness, and portable fitness education modules.

The Center conducted an assessment of current AoA policy and developments in long-term care nationwide. They resulted in: (1) recommendation of an approach to evaluate the ombudsman role; and (2) a statement on potential future roles for the aging network in community-based care. AoA used the first document in the development of an ombudsman program evaluation strategy.

An AoA staff training session on health and older persons highlighted fitness, nutrition, Federal and State perspectives on our health care system and its financing, risk factors in aging, health promotion, drug management, injury control and strategies for long-term care. This training, which was given in Washington, DC, over a 2-day period, was video-taped for use at all 10 AoA regional offices.

Center on Employment located at the University of Southern California.—The Center on Employment worked with AoA to plan and prepare materials for AoA's employment initiative. The center reviewed and critiqued the small business employment materials previously developed by the American Management Associations (AMA) to assess their potential usefulness for the fiscal year 1984 employment initiative. In collaboration with AoA, the center revised the existing materials and prepared a factsheet to complement the AMA package.

Other efforts that the center worked on relative to AoA's employment initiative were: (1) providing technical assistance and backup support to AoA in connection with the convening of the Federal Interagency Task Force on Older Worker Employment; (2) preparing materials for the conference on the Job Training Partnership Act (JTPA) and subsequent to the conference prepared recommendations as to next steps AoA might take vis-a-vis the ongoing implementation of JTPA; and (3) convening a Private Sector Task Force on Older Workers consisting of representatives from the business community. The purpose of the task force was to identify the most appropriate channels and mechanisms for AoA to use in communicating aging-related information to employers.

During fiscal year 1984, the center also conducted a survey of brokerage mechanisms which have successfully linked older persons with jobs in the private sector. A case-study analysis was completed which described the development, operations, and outcomes of a selected number of these projects.

The center also developed a training sessions for AoA staff on older worker employment issues. The training covered such topics as health, productivity and alternative work options. The training session was held in Washington, DC over 2 days and was video-taped for use by AoA regional offices.

2. Long-Term Care Gerontology Centers

The long-term care gerontology centers are also funded under title IV-A, section 412. The centers are discussed in the long-term care section of this report.

C. TITLE IV-B RESEARCH AND DEMONSTRATIONS PROJECTS

Title IV-B, sections 421 and 422, of the Older Americans Act authorizes funding for projects to identify, assess, and demonstrate new approaches and methods to improve the well-being and independence of older persons. The primary objective of AoA-supported research is to develop new knowledge that will increase the capacity of State and local agencies, in both the public and private sectors, to assist older persons in achieving and maintaining economic and personal independence. AoA-funded demonstration projects seek to test new models, systems, and approaches for providing and delivering services.

In fiscal year 1984, AoA targeted most of its research and demonstration efforts on nine program areas of priority interest and concern to the elderly. These priority areas are: employment, housing, community- and family-based care, health promotion, voluntarism, intergenerational programs, legal services and assistance, minority aging populations, and improved management of aging services programs.

New research and demonstration projects undertaken in these nine areas are highlighted below. A detailed list of all AoA-funded research and demonstration projects, both new and continuing in fiscal year 1984, is provided in attachment V.

1. Employment

Seven new projects were funded in fiscal year 1984 to demonstrate ways to increase economic self-sufficiency and employment opportunities of older persons. These projects focus on:

—Demonstrating how private and public organizations can meet their needs for skilled part-time workers through the hiring of their own retirees or other older persons.

—Testing new approaches for educating management and union officials concerning the skills of older workers, leading them to adopt programs to retain older workers beyond the normal retirement age.

—Generating new economic development strategies to stimulate the employment of older workers in the public and private sectors, including home-based work programs; and

—Stimulating minority older worker employment opportunities through a housing manager training and job placement system.

2. Housing

Six projects were funded to design and assess new models for improving the housing and living arrangements of older persons. One project will design a model program of housing counseling for the elderly while another will offer legal analyses and counseling on the several home equity conversion options. Three projects would demonstrate the practicability of particular types of housing and living arrangements for older people, namely, accessory apartments, shared housing, and a modified form of life care community that features congregate, multifamily homes. One project will plan a model set of housing options for older persons to be implemented and replicated on a metropolitanwide basis.

3. Community- and Family-Based Care

Sixteen new research and demonstration project awards were made to improve models of community- and family-based care for older persons. Among this array of projects, emphasis is placed on such activities as:

—Testing new family-based alternatives to institutionalization of rural elderly and disseminating these models to the aging network.

—Demonstrating new ways of training informal caregivers to cope with the demands of assisting chronically impaired elderly individuals.

—Demonstrating how the resources of the private sector can be utilized or brokered at the community level to serve older persons.

—Synthesizing and organizing information on long-term care issues and programs for national dissemination and utilization; and

—Testing new treatment programs for patients with Alzheimer's disease and for the chemically dependent elderly.

4. Health Promotion

Four projects were initiated in fiscal year 1984 to stimulate innovative and effective approaches for promoting the health of older persons. One project would establish a national arthritis service network to foster health promotion programs among older persons suffering from arthritis. Two projects will design new physical fitness and exercise programs while another will undertake a national educational campaign to prevent hypothermia.

5. Voluntarism

Five new projects were funded to encourage greater efforts in voluntarism, both among and on behalf of older persons. Three projects will recruit and train older volunteers to provide caseworker services, respite care, and supportive services for frail and disabled adults. Another project will demonstrate the efficacy of using volunteer village coordinators to broker services to indigent older Eskimos. The fifth project will organize the efforts of over 200 national voluntary organizations in a health promotion campaign for older persons.

6. Intergenerational Programs

Six awards were made to projects whose central purposes are to demonstrate the effectiveness of intergenerational support groups. These intergenerational approaches are being developed in an urban multifamily housing complex, in educational and instructional settings for elementary school children, and in contrasting urban/rural locations.

7. Legal Services and Assistance

In fiscal year 1984, AoA continued to provide financial assistance to State units on aging to support the establishment and development of State long-term care facilities ombudsman programs. In addition, three projects were undertaken to increase the accessibility and availability of legal services to older persons. One would promote pro bono services to the elderly on the part of the legal profession. Another would train lay and professional advocates to provide legal assistance to the rural or isolated elderly. The third project will test whether a citywide legal hotline for older people can become self-supporting.

8. Minority Aging Populations

Ten projects were funded to address the needs of minority aging populations through several different innovative approaches:

—Two health promotion projects will be designed and implemented specifically in terms of the special concerns of black Americans and of Pacific Asian Americans.

—One project is aimed at improving access to community support systems by Euro-American elderly.

—Another project will demonstrate how volunteer networks can be utilized to undertake service and caregiving programs for black and Hispanic older persons.

—Two projects will seek to improve the well-being of Indian elders through nationwide use of a "best practices" services manual and through innovative tribal intergenerational programs, one based in the community, the other in a nursing home; and

—Three projects will design and implement innovative approaches toward providing community-based health care and social services to prevent the unnecessary institutionalization of minority older persons.

9. Improved Management of Aging Services Programs

Continuing its emphasis on fnding effective ways to improve the management of programs serving older people, AoA made eight new awards in this priority area in fiscal year 1984. Three projects would design more productive information systems for the use of aging network agencies. Two other projects will test computer programs at the State unit and area agency on aging levels. Another project will demonstrate the effectiveness of performance-based contracting, while two more projects will disseminate the results of standardized unit-service programmng to State and local agencies.

D. LONG-TERM CARE

1. Long-Term Care Gerontology Centers

1. Beginning in 1980, the Administration on Aging (AoA) has supported a program of long-term care gerontology centers (LTCGC's). The goal of the Long-Term Care Gerontology Center Program is to create a network of multidisciplinary centers which will provide a national knowledge base in long-term care. The purpose of this effort is to assist in the development of a continuum of care which emphasizes the provision of community-based care for older persons in need of such services.

The centers undertake a variety of activities, including interdisciplinary education and training, research, demonstration of practice models, technical assistance for State units and area agencies on aging, and information dissemination. Each center is located in a major university and includes participation by the schools of medicine, nursing, social work, and other health-related disciplines. A center has been established in each of the 10 DHHS regions with two centers in region IX, making a total of 11 centers.

By September 1984, five centers completed their fourth operational year and four centers completed their third operational year. The remaining two centers completed their first operational year.

During fiscal year, AoA placed great emphasis on the role of the centers in providing assistance to the national network on aging with each center serving as a resource on long-term care issues for the State units and area agencies in its region. Priority was placed on training and providing technical assistance to State units and area agencies on aging in the development of support groups for older persons with Alzheimer's disease.

The centers are completing many highly useful products which provide in-depth coverage of various long-term care issues. Current activities include preparation for the widespread dissemination of these materials to State units and area agencies on aging, aging service providers, and other appropriate audiences. In July, AoA published a comprehensive technical assistance package on the development of community-based programs to support older persons with Alzheimer's disease and their families. Two manuals in the package were developed by the centers at the University of South Florida and UCLA/USC and were designed for use by service providers and other persons seeking to organize family support groups.

The centers indicate that 587 active projects are underway. Center staff teach 165 courses in aging/long-term care. Enrollment totaled 6,310 students including: 3,459 medical students, 1,076 nursing students, and 534 students in social work and other fields. Over 900 students were enrolled in interdisciplinary didiactic courses. One-fourth of the total enrollments were in clinical/practicum-type courses.

LTCGC's had primary responsibility for 160 continuing education and training workshops and courses for practicing professionals and other workers. Attendees included: 2,556 nurses, 1,033 physicians, 1,329 social workers, 433 aides, 812 administrators, 238 aging network staff, 1,043 providers and service staff, 205 allied health personnel, and 352 volunteers and members of the general public.

A total of 1,414 professional staff were involved in these service model and research projects, including: 318 physicians, 250 nurses, and 177 social workers, as well as smaller numbers of health professionals in a variety of other fields. A total of 176 technical assistance projects were reported. Recipients of this assistance included: 134 nursing homes, 113 congregate housing facilities, 102 aging/community service agencies other than area agencies on aging, 86 hospitals, 80 home care agencies, 76 other government agencies, 43 adult day care agencies, 35 community-based senior centers, and 23 legislative bodies.

Significant ongoing technical assistance relationships are identifiable between the LTCGC's and the State units and area agencies on aging and service providers. These working relationships range from developing statewide studies on long-term care concerns, compiling information and positions on which to base policy decisions, developing community-based service and case managment systems, and designing management and client tracking systems.

2. National Long-Term Care Channeling Demonstration

The purpose of the Long-Term Care Channeling Demonstration Program is to develop community-based organizational structures and operating procedures to match resources with identified needs for continuing care of the elderly. The demonstration is jointly administered by AoA, the Health Care Financing Administration, and the Office of the Assistant Secretary for Planning and Evaluation, the lead agency for this effort. Two different models for linking older persons with appropriate types of long-term care in the community were tested, a "basic case management" model and a more complex "financial control" model. These two models shared a core set of functions: outreach, screening, comprehensive needs assessment, care planning, and case management (arranging for services, monitoring, and reassessment).

The "case management" model, through the core functions cited above, relies on the case manager to negotiate access to existing services and to make efficient use of them. The "financial control" model, in contrast, confers authority on the case manager to authorize and purchase services out of a pool of funds without respect to existing program requirements, such as income eligibility. However, it does impose strict controls on costs through caps on program and individual expenditures, and requires cost-sharing by clients with higher incomes.

Research data collection for the operational phase of the program ended June 30, 1984. All other research data collection activities will be completed by November 1984. Client intake ended July 1, 1984. Discharge and reassignment of clients into other programs began October 1, 1984 in anticipation of the closing of the program on March 31, 1985. A series of reports from the evaluation contractor are anticipated during 1985.

3. Long-Term Care Research and Demonstration Projects

Continuation awards were made to two projects in the area of long-term care and/or community-based services to the vulnerable elderly. These two projects relate to informal support systems and the role of families in providing personal care. Products from these demonstrations will assist families in providing better home-based care to older persons and train formal care givers to work with families who have an aging parent living at home.

In addition, two new projects were funded by AoA in the area of long-term care. One project is designed to synthesize and organize information about long-term care issues and programs that significantly affect the chronically impaired older population. The other project is designed to systematically identify and catalogue products of AoA-funded research, demonstration and training grants in long-term care over the last several years.

SECTION V. EVALUATION

Section 206 of the Older Americans Act authorizes evaluation of the impact of all programs funded under the act, including their effectiveness in achieving stated goals. AoA's evaluation program in fiscal year 1984 included the completion of two projects begun in fiscal years 1982 and 1983 and the initiation of two new projects.

Evaluation of title VI grants to Indian tribes.—During fsical year 1984, an evaluation of the title VI program was completed. The goals of the title VI evaluation were to determine how completely the components of the program had been implemented, to identify and examine factors which helped or hindered effective management, to assess client and provider satisifaction, to compare title VI and title III services for elderly Indians, and to examine the coordination between title VI programs and other tribal and nontribal agencies. The evaluation found that the elderly themselves, as well as the tribal organizations administering the program believe that title VI services have improved the health of the Indian elderly, increased their sense of well-being, reduced social isolation, and eased financial strain to some extent. The evaluation also found that title VI is meeting the objectives of the current legislation and regulations, and that the tribes are pleased with their progress and the services provided through the program.

Financial contribution practices under title III-B of the Older Americans Act.—This project, funded by the Office of the Assistant Secretary for Planning and Evaluation and collaboratively conducted with AoA, was completed during fiscal year 1984. Its overall objctives were to enable AoA to determine the potential for increasing participant contributions for supportive services and to identify approaches for stimulating an increase in client contributions. The study found that State units and area agencies on aging have a good understanding of Federal policy on client contributions and that clients are willing to contribute for title III-B services. Services identified as most likely to generate program income included transportation, housekeeping, chore, and home repair services. No objective evidence was found that an emphasis on client contributions by State units on aging and area agencies on aging was causing clients to withdraw from title III-B services. Policy options identified for AoA in promoting future client contributions included redefining the source/types of income that are "allowable program income" for area aencies on aging (e.g., volunteer services by clients) and strengthening local community support for the client contribution program. AoA is currently reviewing the findings of this evaluation for their programmatic implications.

Evaluation of performance-based contracting.—This project, awarded in June 1984, is a two-phase study designed to identify those factors which may act as barriers or disincentives for area agencies on aging in implementing performance-based contracting and to determine how these constraints have been overcome by area agencies on aging who are currently utilizing such contract practices. The results of this project will provide information to AoA regarding practical technical assistance strategies and potential management initiatives which have promise of facilitating greater use of performance-based contracting practices within the aging network.

Assessment of the feasibility of evaluating substate long-term care ombudsman programs and development of an instrument for the evaluation of effectiveness and impact.—This evaluation, awarded in September 1984, will assess the feasibility of evaluating the existing long-term care ombudsman programs at the substate level by identifying program components that can serve as measures of effectiveness and impact, and by developing indicators of these measures. Based upon the outcome of these efforts, the second phase of this project will focus on the development and field testing of an evaluation instrument and a user's guide which can be utilized by State units on aging to assess the effectiveness and impact of their substate ombudsman programs. The project is scheduled for completion in fiscal year 1986.

APPENDIXES

APPENDIX I

FY 1984 BUDGET
ADMINISTRATION ON AGING

State Unit and Area Agency Activities 1/	$ 21,673,000
Supportive Services and Senior Centers 1/	250,869,000
Nutrition Services 1/	
Congregate Nutrition Services	321,574,000
Home-delivered Nutrition Services	67,025,000
Grants to Indian Tribes	5,735,000
Training, Research, and Discretionary Projects and Programs	22,175,000
TOTAL	$ 689,051,000

1/ Up to 8.5% of the funds for Supportive Services and Senior Centers, and for Nutrition Services, may be used for Area Agency Activities.

APPENDIX II

FY 1984 State Allotment amounts under Title III of the Older Americans Act of 1965, As Amended

Public Laws 98-139 & 98-396

13.633,5 State	% Dist. of Population 60+ July 1, 82	Part A State Admin.	Part B Supportive Services	Part C-1 Congregate Meals	Part C-2 Home-Delivered Meals	
TOTALS	100.00000	21,673,000	250,869,000	320,369,534	67,025,000	
1 Alabama	1.68074	300,000	4,051,940	5,175,043	1,083,954	
2 Alaska	0.06034	300,000	1,252,735	1,599,963	335,125	
3 Arizona 1/	1.25304	306,690	3,021,963	3,893,834	808,680	
4 Arkansas	1.14630	300,000	2,763,519	3,529,502	739,282	
5 California	9.63471	1,487,193	23,227,432	29,665,535	6,213,678	
6 Colorado	0.99498	300,000	2,398,716	3,063,584	641,692	
7 Connecticut	1.45517	300,000	3,508,124	4,480,494	938,475	
8 Delaware	0.24090	300,000	1,252,735	1,599,963	335,125	
9 District of Columbia	0.27229	300,000	1,252,735	1,599,963	335,125	
10 Florida	6.42478	991,717	15,488,912	19,782,077	4,143,513	
11 Georgia	2.04984	316,409	4,941,767	6,311,510	1,321,996	
12 Hawaii	0.33419	300,000	1,252,735	1,599,963	335,125	
13 Idaho	0.37160	300,000	1,252,735	1,599,963	335,125	
14 Illinois	4.84038	747,151	11,669,212	14,903,646	3,121,686	
15 Indiana	2.25907	348,706	5,446,189	6,955,746	1,456,936	
16 Iowa	1.41562	300,000	3,412,792	4,358,739	912,972	
17 Kansas	1.12830	300,000	2,720,112	3,474,063	727,670	
18 Kentucky	1.54520	300,000	3,725,178	4,757,711	996,540	
19 Louisiana	1.56512	300,000	3,773,192	4,819,033	1,009,385	
20 Maine	0.52590	300,000	1,267,850	1,619,269	339,169	
21 Maryland	1.62085	300,000	3,907,567	4,990,653	1,045,332	
22 Massachusetts	2.74255	423,334	6,611,746	8,444,368	1,768,740	
23 Michigan	3.59414	554,784	8,664,770	11,066,442	2,317,954	
24 Minnesota	1.78254	300,000	4,297,349	5,488,474	1,149,604	
25 Mississippi	1.06819	300,000	2,575,196	3,288,981	688,903	
26 Missouri	2.36990	365,813	5,713,369	7,296,982	1,528,411	
27 Montana	0.33163	300,000	1,252,735	1,599,963	335,125	
28 Nebraska	0.74199	300,000	1,788,804	2,284,619	478,532	
29 Nevada	0.30985	300,000	1,252,735	1,599,963	335,125	
30 New Hampshire	0.39884	300,000	1,252,735	1,599,963	335,125	
31 New Jersey	3.40261	525,220	8,203,040	10,476,731	2,194,434	
32 New Mexico 1/	0.47373	294,510	1,251,819	1,570,684	334,667	
33 New York	8.13596	1,255,851	19,614,235	25,050,843	5,247,097	
34 North Carolina	2.42752	374,707	5,852,280	7,474,396	1,565,571	
35 North Dakota	0.29739	300,000	1,252,735	1,599,963	335,125	
36 Ohio	4.57018	705,443	11,017,814	14,071,695	2,947,428	
37 Oklahoma	1.40703	300,000	3,392,081	4,332,287	907,432	
38 Oregon	1.17272	300,000	2,827,203	3,610,838	756,319	
39 Pennsylvania	5.95683	919,484	14,360,758	18,341,225	3,841,715	
40 Rhode Island	0.48645	300,000	1,252,735	1,599,963	335,125	
41 South Carolina	1.17981	300,000	2,844,284	3,632,653	760,888	
42 South Dakota	0.33350	300,000	1,252,735	1,599,963	335,125	
43 Tennessee	1.98419	306,275	4,783,491	6,109,363	1,279,654	
44 Texas	5.39058	832,080	12,995,655	16,597,748	3,476,530	
45 Utah 1/	0.44317	298,800	1,252,535	1,593,563	335,024	
46 Vermont	0.21585	300,000	1,252,735	1,599,963	335,125	
47 Virginia	2.05244	316,810	4,948,033	6,319,512	1,323,672	
48 Washington	1.71641	300,000	4,137,924	5,284,860	1,106,956	
49 West Virginia	0.90353	300,000	2,178,229	2,781,984	582,709	
50 Wisconsin	2.11860	327,023	5,107,534	6,523,224	1,366,341	
51 Wyoming	0.14986	300,000	1,252,735	1,599,963	335,125	
52 American Samoa 2/	0.00437	75,000	478,675	576,859	41,891	
53 Guam	0.01358	75,000	626,367	799,982	167,563	
54 Puerto Rico	0.96501	300,000	2,326,463	2,971,304	622,363	
55 Trust Territory	0.01839	75,000	626,367	799,982	167,563	
56 Virgin Islands	0.01919	3/ 75,000	626,367	799,982	167,563	
57 N.Mar. Islands	0.00213	75,000	156,592	199,995	41,891	

1/ The allotment figures reflect amounts transferred from Utah and New Mexico to Arizona for administering Title III programs in an interstate planning and service area.

2/ The amounts for Part B and C-1 were supplemented to maintain the holdharmless level mandated by the Older Americans Act, Section 304(a)(1)(D).

3/ This amount was withheld and reallotted on September 26, 1984.

APPENDIX III

FY 1984 ALLOTMENT AMOUNTS UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED AFTER TRANSFERS 1/

States by Regions	Part A State Administration	Part B Supportive Services	Part C-1 Congregate Meals	Part C-2 Home-Delivered Meals
Region I	$2,146,757	$15,415,626	$15,623,178	$7,347,350
Connecticut	368,318	3,777,796	3,552,245	1,552,206
Maine	301,000	1,268,850	979,425	979,663
Massachusetts	552,094	6,564,904	7,110,349	3,047,292
New Hampshire	301,000	1,253,735	1,251,558	694,180
Rhode Island	324,345	1,217,350	1,579,149	369,629
Vermont	300,000	1,332,991	1,150,452	704,380
Region II	2,654,655	34,603,957	32,141,170	11,112,560
New Jersey	681,284	8,553,388	9,812,639	2,384,022
New York	1,629,016	22,986,162	18,827,441	7,801,698
Puerto Rico	344,355	2,438,040	2,821,106	639,279
Virgin Islands	0	626,367	679,984	287,561
Region III	2,512,982	29,912,704	30,035,633	11,066,025
Delaware	324,346	1,242,062	1,385,007	538,408
Dist. of Col.	301,000	1,253,735	1,619,963	335,775
Maryland	374,342	4,190,868	4,802,137	900,018
Pennsylvania	919,484	14,360,758	16,341,225	5,841,715
Virginia	292,810	6,506,894	3,855,780	2,275,445
West Virginia	301,000	2,358,387	2,031,521	1,174,664
Region IV	3,369,841	48,655,662	48,417,197	15,602,432
Alabama	379,077	4,116,721	4,821,510	1,317,583
Florida	991,717	17,253,929	16,704,626	5,510,164
Georgia	412,818	4,906,740	6,284,024	1,312,921
Kentucky	300,000	3,974,249	3,974,568	1,552,809
Mississippi	300,000	2,772,684	3,083,100	719,015
North Carolina	376,985	7,254,710	6,094,396	1,566,573
South Carolina	301,107	3,422,520	2,994,632	842,504
Tennessee	308,137	4,954,109	4,460,341	2,780,863
Region V	3,693,716	48,286,190	54,418,770	14,307,525
Illinois	964,618	11,669,212	14,686,179	3,121,686
Indiana	451,472	5,483,231	5,824,903	2,473,286
Michigan	558,156	8,905,827	10,161,765	3,011,904
Minnesota	377,923	4,560,294	5,224,378	1,097,026
Ohio	915,058	12,306,023	12,320,074	3,244,090
Wisconsin	426,489	5,361,603	6,201,471	1,359,543

1/ Includes reallotment.

States by Regions	Part A State Administration	Part B Supportive Services	Part C-1 Congregate Meals	Part C-2 Home-Delivered Meals
Region VI	2,193,326	25,498,125	29,244,031	6,706,411
Arkansas	301,076	3,054,028	3,101,763	898,310
Louisiana	301,469	4,192,987	4,390,207	1,019,983
New Mexico 2/	295,510	1,252,819	1,590,684	335,317
Oklahoma	301,320	3,393,490	4,352,287	908,082
Texas	993,951	13,604,801	15,809,090	3,544,719
Region VII	1,367,065	14,367,536	15,604,079	4,688,123
Iowa	364,928	3,560,310	3,992,754	1,089,906
Kansas	301,059	2,903,289	3,343,784	696,552
Missouri	365,813	5,874,133	6,231,217	2,433,412
Nebraska	335,265	2,029,804	2,036,324	468,253
Region VIII	1,771,457	9,492,402	9,502,810	3,114,837
Colorado	300,000	2,760,636	2,598,248	766,758
Montana	301,000	1,299,915	1,387,124	522,434
North Dakota	324,909	1,602,654	1,139,192	423,068
South Dakota	246,748	1,252,735	1,599,963	388,377
Utah 2/	298,800	1,323,727	1,241,962	615,433
Wyoming	300,000	1,252,735	1,536,321	398,767
Region IX	2,707,099	33,016,156	34,783,452	9,943,179
American Samoa	76,000	479,675	596,859	42,541
Arizona 2/	307,866	3,323,218	3,453,834	969,330
California	1,496,233	24,896,222	26,812,547	7,479,178
Guam	75,000	786,563	544,668	264,331
Hawaii	300,000	1,468,799	1,349,238	391,436
Nevada	301,000	1,372,735	1,259,969	575,119
N. Mariana	76,000	157,592	166,355	96,181
Trust Territory	75,000	531,352	599,982	125,063
Region X	1,201,000	10,545,153	9,909,228	3,711,266
Alaska	301,000	1,253,735	1,379,969	575,769
Idaho	300,000	1,302,577	1,519,039	366,207
Oregon	300,000	3,237,891	2,995,586	982,707
Washington	300,000	4,750,950	4,014,634	1,786,583
NAT'L TOTAL	$23,617,898	$269,793,511	$279,679,548	$87,599,708

2/ Amounts reflect transfer from Utah and New Mexico to Arizona for administrering Title III programs in an interstate planning and service area.

APPENDIX IV

GRANTS UNDER TITLE VI IN FY 1984: REGIONAL SUMMARY

REGION	STATE	TRIBES
01/REGION I	MAINE	1
*TOTAL 01/REGION I		1
02/REGION II	NEW YORK	1
*TOTAL 02/REGION II		1
04/REGION IV	MISSISSIPPI	1
	NORTH CAROLINA	1
*TOTAL 04/REGION IV		2
05/REGION V	MICHIGAN	3
	MINNESOTA	3
	WISCONSIN	7
*TOTAL 05/REGION V		13
06/REGION VI	NEW MEXICO	12
	OKLAHOMA	14
*TOTAL 06/REGION VI		26
07/REGION VII	KANSAS	3
	NEBRASKA	1
*TOTAL 07/REGION VII		4
08/REGION VIII	COLORADO	2
	MONTANA	5
	NORTH DAKOTA	1
	SOUTH DAKOTA	4
	UTAH	1
*TOTAL 08/REGION VIII		13
09/REGION IX	ARIZONA	7
	CALIFORNIA	1
	NEVADA	2
*TOTAL 09/REGION IX		10
10/REGION X	ALASKA	1
	IDAHO	2
	OREGON	1
	WASHINGTON	9
*TOTAL 10/REGION X		13
TOTAL		83

APPENDIX IV
LISTING OF GRANTEES UNDER TITLE VI
FY 1984 FUNDING

REGION	STATE	LIST	INDIAN TRIBE/GRANTEE	FY 1984 FUNDS
01/REGION I				
	MAINE	1	PASSAMAQUODDY	56,384
*TOTAL REGION 01/REGION I				56,384
02/REGION II				
	NEW YORK	1	TONAWANDA BAND OF SENECAS	56,458
*TOTAL REGION 02/REGION II				56,458
04/REGION IV				
	MISSISSIPPI	1	MISSISSIPPI BAND OF CHOCTAW INDIANS	70,500
	NORTH CAROLINA	2	EASTERN BAND OF CHEROKEE	73,498
*TOTAL REGION 04/REGION IV				143,998
05/REGION V				
	MICHIGAN	1	SAULT STE. MARIE	94,948
		2	KEWEENAW BAY INDIAN COMMUNITY	65,422
		3	INTERTRIBAL COUNCIL OF MICHIGAN	66,384
	MINNESOTA	4	MILLE LACS BAND	61,158
		5	RED LAKE BAND	83,979
		6	FOND DU LAC	65,422
	WISCONSIN	7	LAC COURTE OREILLES	64,460
		8	BAD RIVER TRIBE	58,244
		9	WISCONSIN WINNEBAGO	64,460
		10	STOCKBRIDGE-MUNSEE COMMUNITY	66,384
		11	RED CLIFF BAND	56,458
		12	MENOMINEE TRIBE	63,979
		13	ST. CROIX TRIBAL COUNCIL	56,458
*TOTAL REGION 05/REGION V				867,756
06/REGION VI				
	NEW MEXICO	1	MESCALERO APACHE	64,460
		2	SANTA CLARA PUEBLO	65,422
		3	ACOMA PUEBLO	75,422
		4	EIGHT NORTHERN INDIAN PUEBLO COUNCILS	31,923
		5	LAGUNA RAINBOW CORPORATION	100,000
		6	SAN JUAN PUEBLO	63,498
		7	JICARILLA APACHE	55,422
		8	TAOS PUEBLO	74,941
		9	ISLETA PUEBLO	75,903
		10	SANTO DOMINGO	74,941

APPENDIX IV
LISTING OF GRANTEES UNDER TITLE VI
FY 1984 FUNDING

REGION	STATE	LIST	INDIAN TRIBE/GRANTEE	FY 1984 FUNDS
06/REGION VI				
	NEW MEXICO	11	PUEBLO OF ZUNI	82,250
		12	FIVE SANDOVAL INDIAN PUEBLOS	82,250
	OKLAHOMA	13	SEMINOLE	93,224
		14	OTOE-MISSOURIA	65,903
		15	CHOCTAW NATION OF OKLAHOMA	100,000
		16	CITIZEN BAND OF POTAWATOMI	100,000
		17	CHICKASAW NATION	100,000
		18	MIAMI TRIBE OF OKLAHOMA	39,866
		19	SENECA-CAYUGA TRIBE	62,944
		20	MUSCOGEE (CREEK)	94,460
		21	CHEROKEE NATION OF OKLAHOMA	100,000
		22	QUAPAW TRIBE	17,842
		23	PAWNEE TRIBE	75,903
		24	OSAGE TRIBE	100,000
		25	KICKAPOO TRIBE OF OKLAHOMA	100,000
		26	KIOWA TRIBE OF OKLAHOMA	65,800
*TOTAL REGION 06/REGION VI				1,962,374
07/REGION VII				
	KANSAS	1	PRAIRIE BAND OF POTAWATOMI	55,903
		2	UNITED TRIBES OF KANSAS & S.E. NEB.	34,578
		3	KICKAPOO TRIBE IN KANSAS	56,458
	NEBRASKA	4	OMAHA TRIBE OF NEBRASKA	64,460
*TOTAL REGION 07/REGION VII				231,399
08/REGION VIII				
	COLORADO	1	UTE MOUNTAIN UTE TRIBE	59,278
		2	SOUTHERN UTE COMMUNITY ACTION PROGRAMS	15,494
	MONTANA	3	NORTHERN CHEYENNE	64,460
		4	SALISH & KOOTENAI TRIBES	84,941
		5	ASSINIBOINE AND SIOUX TRIBES	58,244
		6	BLACKFEET	91,018
		7	CHIPPEWA-CREE	65,422
	NORTH DAKOTA	8	STANDING ROCK SIOUX TRIBE	64,460
	SOUTH DAKOTA	9	CHEYENNE RIVER SIOUX	83,979
		10	OGLALA SIOUX TRIBE	100,000
		11	YANKTON SIOUX TRIBE	74,460
		12	FLANDREAU-SANTEE SIOUX	64,460
	UTAH	13	UINTAH AND OURAY BUSINESS COMMITTEE	63,498
*TOTAL REGION 08/REGION VIII				889,714

PAGE 3

APPENDIX IV
LISTING OF GRANTEES UNDER TITLE VI
FY 1984 FUNDING

REGION	STATE	LIST	INDIAN TRIBE/GRANTEE	FY 1984 FUNDS
09/REGION IX				
	ARIZONA	1	SAN CARLOS APACHE	54,578
		2	PASCUA YAQUI	66,384
		3	PAPAGO TRIBE	64,941
		4	HOPI TRIBE	64,460
		5	WHITE MOUNTAIN APACHE	63,979
		6	NAVAJO TRIBE	64,941
		7	SALT RIVER PIMA - MARICOPA INDIAN COMMUNITY	62,980
	CALIFORNIA	8	HUPA TRIBE	63,979
	NEVADA	9	WASHOE TRIBE	63,979
		10	INTERTRIBAL COUNCIL OF NEVADA	58,338
*TOTAL REGION 09/REGION IX				628,559
10/REGION X				
	ALASKA	1	KODIAK AREA NATIVE ASSOCIATION	76,384
	IDAHO	2	SHOSHONE-BANNOCK TRIBES	72,123
		3	NEZ PERCE	66,384
	OREGON	4	UMATILLA	84,941
	WASHINGTON	5	YAKIMA INDIAN NATION	55,422
		6	LUMMI TRIBE	65,422
		7	PUYALLUP	90,000
		8	SOUTH PUGET	61,726
		9	N.W. WASH. SERVICE UNIT	65,422
		10	QUINAULT TRIBE	61,966
		11	MUCKLESHOOT	66,384
		12	EASTERN WASHINGTON INDIAN CONSORTIUM	66,384
		13	COLVILLE CONFEDERATED TRIBES	65,800
*TOTAL REGION 10/REGION X				898,358
TOTAL		83		5,735,000

APPENDIX V

ADMINISTRATION ON AGING
ACTIVE GRANTS AND CONTRACTS
UNDER TITLE IV OF THE OLDER AMERICANS ACT

LIST OF PROJECTS

Grantee	Page
Acko, Inc.	65
Adelphi University	55
American Academy of Physician Assistants	62
American Association of Colleges	59
American Association for Counseling and Development	51
American Association of Retired Persons (Protective Services)	13
American Association of Retired Persons (Legal Hot Line)	20
American Bar Association	1
American Institute of Architects	59
American Occupational Therapy Association	60
American Optometric Association	49
American Planning Association	38
American Red Cross	2
American Speech Language—Hearing Associatión	63
Amigos del Valle, Inc.	32
Area Agency on Aging for North Florida	29
Arthritis Foundation	18
Asociacion Nacional Pro Personas Mayores	4
Asociacion Nacional Pro Personas Mayores (Caregiver)	20
Asociacion Nacional Pro Personas Mayores (Gerontology Internship)	58
Atlanta University	68
Beth Abraham Hospital	52
Brandeis University	71
Brookings Park Home Health Agency	2
Brown University	43
Bureau of Social Science Research, Inc.	33
Camp Fire, Inc.	34
Carbide Retiree Service Corps	17
Catholic University of America	27
Center for Environmental Physiology	19
Center for Human Services Management	14

Grantee	Page
Center for Partially Sighted	15
Chautauqua Northwest	2
Cherokee Nation of Oklahoma	54
Child and Family Service of Washtenaw County	18
City University of New York	6
Clearfield County League on Social Services	26
College of St. Scholastica	44
Columbia University (LTCGC)	43
Columbia University (Continuing Education LTC)	52
Columbia University (Occupational Therapy)	63
Commonwealth of Pennsylvania	16
Community Foundation of New Jersey	12
Connecticut State Department on Aging	8
Council of Jewish Organizations	7
Council on Social Work Education (Curriculum Education)	47
Council on Social Work Education (Continuing Education)	53
Council of State Planning Agencies	33
County of Lehigh	26
County of San Mateo	40
Denver Regional Council of Governments	56
Drake University	18
East Los Angeles Retarded Citizens' Association	39
Eastern Michigan University	35
Educational and Community Resources, Inc.	18
Erie County Department of Senior Services	25
Federation of Jewish Philanthropies of New York	37
Florida A & M University	63
Florida Department of Health and Rehabilitation	7
The Gerontological Society of America	53
Grambling State University	50
Hampton Institute	68
Hawkeye Area Community Action Program	40

October 1, 1984

Grantee	Page
Howard University	49
Human Services Department	34
Independent Living, Inc.	39
Iowa State University	32
Jewish Hospital of St. Louis (OASIS Dissemination)	20
Jewish Hospital of St. Louis (Educational Services)	58
Lansing Community College	61
Linc Resources, Inc.	37
Lincoln University	69
Livingstone College	67
Manillag Association	22
Maricopa Association of Governments	11
Mathematica Policy Research	45
Medical College of Wisconsin	41
Meigs County Council on Aging, Inc.	21
Meharry Medical College	69
Metropolitan Chicago Coalition on Aging	23
Michigan Office of Services to the Aging	5
Mississippi Valley State University	68
Missouri Department of Social Services (Discount Card Program)	5
Missouri Department of Social Services (Respite)	24
Monroe County, Office of the Commissioner	12
Montana State University	11
Montgomery Hospice Society	6
National Alliance of Business	21
National Association of Area Agencies on Aging (Minority Elderly)	9
National Association of Area Agencies on Aging (Management Techniques Models)	17
National Association of Area Agencies on Aging (Brokering)	29
National Association of Area Agencies on Aging (Computers)	33
National Association of Black Social Workers (Supportive Health Care)	17
National Association of Counties Research, Inc.	1
National Association of State Units on Aging (Management Indicators)	1
National Association of State Units on Aging (Survey SUA)	3
National Association of State units on Aging (Data Base)	4
National Association of State Units on Aging (Taxonomy)	10
National Association of State Units on Aging (Knowledge Transfer)	13
National Association of State Units on Aging (Caregivers)	22
National Association of State Units on Aging (Manual OAA)	53
National Caucus and Center on Black Aged, Inc. (Service Needs)	3
National Caucus and Center on Black Aged, Inc. (Voluntary Network)	19
National Caucus and Center on Black Aged, Inc. (Congregate Housing)	22
National Caucus and Center on Black Aged, Inc. (Shared Housing)	25
National Caucus and Center on Black Aged, Inc. (Management Training)	55
National Conference of State Legislatures	17
National Council on the Aging (NVOILA)	4
National Council on the Aging (Health Promition)	25
National Council of Negro Women	34
National Hispanic Council on Aging (Intergenerational)	31
National Hispanic Council on Aging (One-Day Institute)	50
National Indian Council on Aging (Advocacy)	3

Grantee	Page
National Indian Council on Aging (Policy)	36
National Pacific/Asian Elderly Resource Center (Support Systems)	4
National Pacific/Asian Resource Center (Health Promotion)	27
New Hampshire Social Welfare Council	12
New Jersey Department of Community Affairs (Microcomputer)	19
New Jersey Division on Aging (Business Management)	63
New Mexico State University	59
New York Association for the Blind	9
New York City Department for the Aging	7
New York City Department of Human Resources	1
North Carolina Central University	7
North Charles Mental Health	2
North Texas State University	58
Northwest Bronx Community and Clergy Coalition, Inc.	27
Northampton County Human Services	8
Office of Client Information Systems	12
Office of Program Initiative	14
Office of Senior Citizens' Activities	1
Ohio College of Podiatric Medicine	61
Oneida County Office on Aging	6
Operation Able Chicago	5
Operation Able of Greater Boston	23
Oregon State University	62
Pacific Studies Institute	38
Phoenix Systems, Inc.	66
Piedmont Technical College	51
Public Administrator/Public Guardian	9
Puerto Rico Occupational Therapy Association	48
The Rand Corporation	30
Research Foundation/SUNY	54
Research Triangle Institute	16
San Diego Community Foundation	10

Grantee	Page
San Diego State University (Information System)	36
San Diego State University (Elder Tutors)	36
San Diego State University (Law Enforcement)	48
Shared Housing Resource Center, Inc.	26
South Carolina State Reorganization Commission (Evaluation)	15
South Carolina State Reorganization Commission (Dissemination)	38
Southcentral Michigan Commission on Aging	5
Southside Virginia Community College (Family Caregivers)	50
Southside Virginia Community College (Training)	59
State of Alaska/Older Americans Commission	62
State of Florida, Miami	44
State of Kentucky, Frankfort	45
State of Maine, Portland	45
State of Maryland, Baltimore	45
State of Massachusetts, Lynn	46
State of New Jersey, Middlesex	46
State of New York, Rensselaer	46
State of Ohio, Cuyahoga	46
State of Pennsylvania, Philadelphia	45
State of Texas, Houston	46
State University of New York	65
Syracuse University	47
Texas Migrant Council	33
Temple University	41
Tougaloo College	67
Tribal Council of LAC du Flambeau	37
United States Conference of Mayors (Housing)	10
United States Conference of Mayors (Training)	49
United Way of America	11
University of Arizona (Caregivers)	23
University of Arizona (LTCGC)	43

Grantee	Page
University of Arkansas	60
University of California, Los Angeles	44
University of California, San Francisco	71
University of Hawaii	57
University of Kansas (LTC Products)	30
University of Kansas (LTCGC)	42
University of Kentucky Research Foundation	52
University of Illinois at Chicago	8
University of Michigan (Employment)	3
University of Michigan (Computerized Data)	14
University of Minnesota	39
University of Missouri (Caregivers)	24
University of Missouri (Disabled/Support Networks)	35
University of Missouri (Career Education)	54
University of Missouri (OASIS)	66
University of Oklahoma	30
University of Pittsburgh	64
University of Puerto Rico	56
University of South Florida (Alzheimer's Disease)	31
University of South Florida (LTCGC)	43
University of Southern California, Los Angeles (Disseminate Educational Materials)	21
University of Southern California, Los Angeles (Career Training)	47
University of Southern California, Los Angeles (Policy Center)	71
University of Southern Maine	61
University of Southern Mississippi	55
University of Texas Health Science Center (LTCGC)	42
University of Texas Health Science Center (Resource Model)	16
University of Texas (Training)	49
University of Texas (Career Preparation)	57
University of Utah	41
University of Washington (LTCGC)	42
University of Washington (Family Supports)	44
Utah State Department of Social Services	18
Utica College	31
Virginia Polytechnic Institute and State University	51
Volunteer Consulting Group, Inc.	64
Washington University, St. Louis (Case Management)	24
Washington University, St. Louis (Gerontology Training)	57
Wayne County Community College	48
Wayne State University	15
Weber State College	60
Western Gerontological Society	56
Western Michigan University	61
Wisconsin Department of Health and Human Services	13
Wyoming Department of Health and Services	19

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AJ1009 NEW YORK CITY DEPT. OF HUMAN RESOURCES, NEW YORK, NY FISCAL MANAGEMENT PRACTICES FOR COST CONTAINMENT IN HOME CARE Camille Fleming (212) 433-7862/5768	12/31/82- 02/28/85		$150,000 $75,000 (ADD) $44,647 (ACYF)		A consortium of five States will identify model fiscal management practices for home care that can be adopted by them and other States. This project is co-sponsored with the Administration for Developmental Disabilities and the Office of Human Development Services.
90AM0011 OFFICE OF SENIOR CITIZEN'S ACTIVITIES, BIRMINGHAM, AL SERVICE DATA REPORTING SYSTEM Barbara Bonfield 205-251-2992	09/30/80- 06/30/84	$75,000	$63,179	$2,347	This project will develop in an Area Agency on Aging, a computerized client-tracking system, to be integrated with an existing fiscal system, formally linking the network of 31 service providers to the Area Agency. This is a pilot demonstration and may be extended Statewide or regionally.
90AM0027 AMERICAN BAR ASSOCIATION, CHICAGO, IL NATIONAL BAR ACTIVATION FOR THE ELDERLY PROJECT Nancy Coleman (202) 331-2297	10/01/81- 05/31/85		$70,000	$192,603	This project is designed to increase private sector involvement in the delivery of legal services to the elderly.
90AM0031 NATIONAL ASSOCIATION OF COUNTIES RESEARCH, INC., WASHINGTON, DC INDIRECT SERVICE APPROACHES TO PROBLEM OF THE AGED Pat J. Craig (202) 393-6226	10/01/81- 09/30/84		$12,696 $75,000		The purpose of this project is to increase the knowledge of county officials about alternatives to publically funded services and to develop cooperation between county officials and State and area agencies in developing and implementing these approaches. In conjunction with SRI International and the US Conference of Mayors, NACo has developed and will be disseminating information on public policy options and will be assisting four counties in demonstrating the application of these approaches.
90AM0040 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC ASSIST STATES TO DEVELOP AND APPLY A MANAGEMENT INDICATORS SYSTEM Daniel Quirk (202) 484-7182	09/30/82- 09/29/84	$345,760		$30,000	This project will develop and test two sets of management indicators utilizing data in existing information systems, to serve as tools to identify and evaluate activities and performance of social service agencies.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0043 NORTH CHARLES MENTAL HEALTH, CAMBRIDGE, MA LOCAL AND AREA WIDE INFORMATION SYSTEMS Stephen Leff (617) 547-4450	10/01/82-04/30/84	$112,799	$74,000		The purpose of the project is to design and test a management information system using inexpensive computer systems, including the development of guidelines and instructional materials.
90AM0047 BROOKINGS PARK HOME HEALTH AGENCY, SEDALIA, MO PRODUCTIVE EMPLOYMENT OPPORTUNITIES FOR OLDER PERSONS John Sutherland (816) 826-8803	03/01/83-12/31/84		$60,000		The grantee with the cooperation of the University of Missouri is to demonstrate techniques for the development and utilization of physically limited persons in a work experience in a geriatric center.
90AM0048 CHAUTAUQUA NORTHWEST, SEATTLE, WA BUSINESS AND SENIORS: A WORKING PARTNERSHIP Jane Hardy (206) 223-1378	03/01/83-07/31/85		$123,671	$50,000	This project is designed to create a broad partnership between commercial companies, community organizations and senior citizen groups to help each of the three deal more effectively with future problems of the aging, especially as these involve retirement, housing, and the extension of independent living. A community fair, "Senior World" will use state-of-the-art technology to bring together the "senior market" and those who sell in that market.
90AM0051 AMERICAN RED CROSS, CHARLOTTESVILLE, VA INTERAGENCY HOME CARE PROJECT Diana Grey (804) 979-7143	01/01/83-09/30/84		$88,325	$36,801	This project is to develop a new Inter-agency Home Care Program. The Red Cross, Association for Retarded Citizens and Hospice of Piedmont will recruit and train volunteers to assist approximately 325 families with respite and other services designed to prevent or reduce institutionalization of vulnerable populations. The model will be evaluated, refined, packaged and disseminated through the tri-agency combined networks of approximately 5600 organizations.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0056 UNIVERSITY OF MICHIGAN, ANN ARBOR, MI STIMULATING EMPLOYMENT OPPORTUNITIES Larry Root (313) 764-3493	03/01/83- 12/31/84		$67,899		This is an action project designed to help business and industry create opportunities for older workers utilizing the Older Worker Information System as a data base for dissemination and organizational activity.
90AM1 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC NASUA NATIONAL AGING ORGANIZATION PROJECT Daniel Quirk (202) 484-7182	11/01/79- 05/31/85	$298,562	$114,237 $58,957 $30,000	$26,961 $85,983	NASUA will survey the State Units on Aging to identify, collect and analyze exemplary State policy and program innovations in the areas of service improvement, employment, housing and public/private collaboration. Reports will be disseminated about each priority area to the State Units, with on-going consultation and workshops and conferences to assist in the adaptation of specific exemplary projects.
90AM2192 NATIONAL INDIAN COUNCIL ON AGING, ALBUQUERQUE, NM ADVOCACY TO ASSIST ACCESS OF OLDER AMERICAN INDIANS TO ENTITLEMENTS OF OLDER AMERICANS ACT Alfred Elgin (505) 766-2276	09/28/79- 09/30/84	$157,000 $4,000 (ANA)	$279,500	$26,000	The project provides information and technical assistance to the Indian and non-Indian aging service network and facilitates the development of Councils composed of tribes in a State for the purpose of enhancing their ability to represent Indian concerns. It also encourages the development of Indian professionals trained in gerontology. This grant was co-sponsored with the Administration for Native Americans.
90AM2197 NATIONAL CAUCUS AND CENTER ON BLACK AGED, WASHINGTON, DC NATIONAL AGING ORGANIZATION PROJECTS PROGRAM Sam Simons (202) 632-8400	11/01/79- 05/15/84	$269,390	$431,590	$101,057	This project addresses the problems of service needs and expansion of service utilization among indigent Black elderly, the establishment of an information resource center and the integration of NCBA operational efforts.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM2198 ASOCIACION NACIONAL PRO PERSONAS MAYORES, LOS ANGELES, CA PROJECT "MANO A MANO" Carmela Lacayo (213) 487-1922	11/01/79- 05/15/84	$220,000	$276,700	$63,750	The purpose of this project is to increase sensitivity to and identify the needs of Hispanic elders in high Hispanic population centers around the country and to work with the aging network to develop and implement models for meeting those needs. It also proposes to strengthen its resource center on Hispanic elderly.
90AM2199 NATIONAL PACIFIC ASIAN ELDERLY RESOURCE CENTER, LOS ANGELES, CA SPECIAL SERVICE FOR GROUPS, INC., Louise Katkawa (213) 731-8861	11/01/79- 03/31/84	$19,953	$178,422	$99,960 $5,548	This project proposes to discover the indigenous existing support systems of P/A communities, improve service delivery systems, enhance the capability of community-based providers and develop policy recommendations. All of the above is an attempt to facilitate access to services and to involve members of the Asian Community in planning and organizational development.
90A1184 NATIONAL COUNCIL ON THE AGING, WASHINGTON, DC NVOILA/VOLUNTARISM IN ACTION FOR AGING Thomas Beal (202) 479-1200	08/01/77- 03/29/85	$125,785	$145,450	$93,500 $24,687 $24,847	The purpose of this project is to stimulate national voluntary organizations to encourage and help their local units develop and carry-out new programs to help older persons in their communities. Project will promote communication between NVOs and the Aging Network.
90A1657 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC DEVELOPING A NATIONAL DATA BASE AND SAMPLING SYSTEM AND IMPLEMENTING UNIFORM DESCRIPTIONS OF SERVICES Ann Lordeman (202) 484-7182	09/29/78 07/14/85	$278,000	$499,574	$200,000	The project goal is to develop a nationwide aging services information system on structural and staffing characteristics of State and area agencies, services and their management and costs, and client needs. This will include: (1) the expansion of the use of the taxonomy to other states, (2) expansion of access to the data base and increase in availability of data, (3) insuring interface and coordination with other HDS supported systems, and (4) developing a membership fee and cost sharing structure to render the data base self-supporting.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90OJ1009 MISSOURI DEPARTMENT OF SOCIAL SERVICES, JEFFERSON CITY, MO SENIOR CITIZENS DISCOUNT CARD PROGRAM Sherry Doctorian (314) 751-3082	05/01/83 10/31/84		$30,000 $20,000 (SS Act)		The grantee is joining with representatives of private business to demonstrate the operation of a statewide senior citizen discount card program and to make the model available to other States.
90AR0044 MICHIGAN OFFICE OF SERVICES TO THE AGING, LANSING, MI BUILDING TIES TO THE MENTAL HEALTH SYSTEM Melanie Hwalek (313) 577-2292	09/30/82- 12/31/84	$102,500			This project proposes to facilitate interagency linkages among local providers of mental health and aging services through replicable methods of knowledge transfer and information dissemination.
90AD0008 SOUTH CENTRAL MICHIGAN COMMISSION ON AGING, KALAMAZOO, MICHIGAN RESPITE CARE COOPERATIVES Sarah Renstrom (616) 343-4996	09/30/83- 02/28/85		$60,000*		This project will provide unlimited low-cost respite care for families of impaired elderly Four step process: (1) a model of respite care will be transferred from developmentally disabled populations to impaired elderly in a test group in Kalamazoo; (2) audiovisual materials will be developed for training and dissemination about the model; (3) training and recruitment workshops will be held in several sites to motivate, educate and select additional sites and (4) technical assistance and consultation will be provided to facilitate the development of 7 additional respite care coops in three locations within Michigan.
90AD0009 OPERATION ABLE, CHICAGO, ILLINOIS PROMOTING EMPLOYMENT OF ELDERLY THROUGH NEW COMPUTER USES Shirley Brussell (312) 782-3335	09/30/83- 08/30/85		$200,277*		This project demonstrates new applications of existing computer technology in local services to unemployed older workers. Objectives are: (1) to increase the benefit to older workers from programs of assessment and job search training, through use of specially adapted computer-based instruction and guidance software, (2) to stimulate a broder national role for industry and government in dissemination of software and computer implementation models which meet the special needs of older workers.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0060 MONTGOMERY HOSPICE SOCIETY, CHEVY CHASE, MARYLAND HOSPICE SERVICES FOR PATIENTS WITHOUT CAREGIVERS Margaret H. Caig (301) 951-9009	09/30/83- 02/28/85		$99,150*		This project is designed to test the feasibility of providing in home care to terminally ill older persons who lack a family or primary caregiver. A package of formal and informal support services will be designed to substitute for the care usually provided by a primary caregiver. Both the feasibility and costs of this method of hospice care will be evaluated. If successful, the method will have considerable impact for all older persons lacking a family support system.
90AM0061 CITY UNIVERSITY OF NEW YORK, NEW YORK, NEW YORK WIDOWER-SELF-HELP GROUPS Audrey Gartner (212) 840-1258	10/01/83- 03/01/85		$68,999*		Project proposes to compare the effectiveness of widowers only self-help groups over the effectiveness of mixed widows/widowers groups. Most mixed sex groups experience high drop-out rates for widowers. This project is seeking to ascertain the reasons for the high drop-out rate and to develop effective strategies designed to assist widowers through bereavement and readjustment processes. The project also plans to disseminate its findings through a National Self-Help Clearinghouse.
90AM0062 ONEIDA COUNTY OFFICE ON AGING, UTICA, NEW YORK VOLUNTEER INCENTIVES PROGRAM Patrick Peterson (315) 798-5771	09/30/83- 02/28/85		$50,000*		The Volunteer Incentive Program will recruit, train and place volunteer caregivers to assist the rural elderly. The project will coordinate with the business and educational communities to offer credits for volunteers. These credits can be used for discounts in stores, reduced costs of membership in fraternal organizations, and advanced education. It is premised that these credits will be an incentive to recruit and retain volunteers to provide support services to older persons.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AJ1011 COUNCIL OF JEWISH ORGANIZATIONS OF BORO PARK, BROOKLYN, N.Y. VOLUNTEER YOUTH VISITATION AND ACCIDENT PREVENTION Paul Chernih (212) 436-5800	09/30/83- 12/31/84		$24,880* $24,880 (426)	$12,500 (HDS)	This project proposes to demonstrate how a community can maintain the self-sufficiency of isolated elderly through the use of youth volunteers to assist older persons in creating a safe home environment as a way to reduce accidents that lead to greater dependence on social services. Working with a Private Sector Resource Council, home repairs will be provided at minimal cost to older persons by their peers. School credit will be given to the young persons who volunteer and will be trained to work with the isolated elderly.
90AJ1014 FLORIDA DEPT. OF HEALTH & REHAB., TALLAHASSEE, FLORIDA SHARED-DAY, HOMEBOUND AND RESPITE PROGRAM William May (904) 488-2881	09/30/83- 04/30/85		$40,000* $34,500 (ACYF)	$5,000 (ADD)	This project is designed to provide services to developmentally disabled older persons and the elderly parents of developmentally disabled persons. Services will include provision of cooperatively staffed respite care for the elderly; job training for older persons; expansion of services for homebound elderly, and maximizing the use of funds for needed services to developmentally disabled older adults.
90AD0010 NEW YORK CITY DEPT. FOR THE AGING, NEW YORK, NEW YORK PERFORMANCE BASED CONTRACTING Janet Sainer (212) 577-0829	09/30/83- 06/30/85		$125,000*		Project will test and refine an already developed performance based contracting package for use by the Area Agency and its providers, and will provide technical assistance to help implement the system. Technical assistance materials will be disseminated to the aging network.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AD0011 CONNECTICUT STATE DEPT. ON AGING, HARTFORD, CONNECTICUT USING PERFORMANCE EVALUATION Christine Lewis (203) 566-4810	09/30/83-01/31/85		$95,279*		Working with Area Agencies and Nutrition Projects, the project will establish a cost-conscious, outcome oriented program evaluation process. This will be built upon an existing management information system. The evaluation data will be integrated into the resource allocation, program planning, contracting, management and monitoring activities of the State and Area Agencies.
90DJ0014 UNIVERSITY OF ILLINOIS AT CHICAGO, CHICAGO, ILLINOIS SPECIAL PROJECTS ON THE CLOSURE OF RESIDENTIAL INSTITUTIONS SERVING HDS TARGET POPULATION Irving Miller (312) 996-1496/1590	08/01/83-12/31/84		$19,738* $60,000 (ADD)		This is a jointly funded project between AoA and ADD. The purpose of the project is to examine the impact of closures and relocations on clients, including older persons, families, and employees and to present an innovative strategy to monitor closures nationally.
900J1015 NORTHAMPTON COUNTY HUMAN SERVICES DEPT., EASTON, PENNSYLVANIA FOUR COUNTY CONSORTIUM HUMAN SERVICES EVALUATION MODEL Jerry Friedman (215) 253-4111 x326	09/30/83-12/31/84		$15,000* $20,000 (426) $25,000 (HDS)		This project will develop and implement a systematic process to evaluate the impact of various human services on problems of high priority target client populations in four different environments, i.e. counties in Pennsylvania with different mixes of rural and urban populations.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AD0007 NEW YORK ASSOC. FOR THE BLIND, NEW YORK, NEW YORK VISUAL IMPAIRMENT AND AGING Arlene Gordon (212) 355-2200	09/01/83-03/31/85		$142,775*	$6,850	This project is designed to link consumers, clinicians, and the aging network in targeting local resources on behalf of older persons with isual impairments. Five model sites will be used to demonstrate the efficacy of combining the interests of visual impaired older consumers with the program resources of professionals in eye/vision care and aging agencies.
90AM0064 NATIONAL ASSOC. OF AREA AGENCIES ON AGING, WASHINGTON, D.C. TARGETING SERVICES TO MINORITY ELDERLY Raymond Matalish (202) 484-7520	09/30/83-05/31/85		$210,000*		Under this project the National Association of Area Agencies on Aging, the National Urban League, and the Coalition of Hispanic Mental Health and Human Services Organizations will together develop products and strategies that will assist Area Agencies to serve better minority older persons. Through field visits, minority sponsored community forums, and guidance from a broad based Technical Advisory Team, the project team will develop, test, revise and publish a functional, technical assistance product, "Guide to Targeting Resources and Services for At Risk Minority Older Persons," for use by Area Agencies on Aging and other human services organizations.
90OJ1014 PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN, LOS ANGELES, CALIFORNIA GUARDIANSHIP CARE Ilona Bryman (213) 974-0407	09/30/83-01/31/85		$94,803* $25,000 (426) $50,000 (HDS)		The purpose of this project is to develop a client management system to assess and monitor treatment for elderly, mentally ill persons, minors and other dependent populations who are unable to manager their own affairs. The major objective is to improve management practice through more efficient use of resources and advanced computer technology.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0066 UNITED STATES CONFERENCE OF MAYORS, WASHINGTON, D.C. STRATEGIES FOR ASSESSING COMMUNITY EDLERLY HOUSING Larry McNickle (202) 293-7330	09/30/83- 12/31/84		$151,355*		The project will develop an instrument to assist Mayors and other local officials in assessing their community's present elderly housing situation. The utility and practicality of this instrument will be demonstrated in three cities. Using experience gained from the local demonstration sites, the Elderly Housing Assessment Plan will be developed and disseminated on a national basis for city use in assessment, planning, coordination and implementation of a comprehensive strategy to allow older city residents a wider range of housing options.
90AM0067 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STANDARD SERVICE TAXONOMY Robert Ficke (202) 484-7182	09/30/83- 02/28/85		$169,102*		The purpose of this project is to improve the utility of information available to decision-makers at the local, state and national levels. This will be accomplished by integrating uniform service definitions, as a standard, into existing computer information systems and replicating this approach as a cost-effective means of achieving compatibility in reporting.
90AM0068 SAN DIEGO COMMUNITY FOUNDATION, SAN DIEGO, CALIFORNIA ENHANCING COOPERATIVE PLANNING...VIA A REGIONAL HUMAN SERVICES INFORMATION SYSTEM Lee Schneider (619) 239-8815	09/30/83- 02/28/85		$66,675*	$60,025	This project will design, test, and implement a regional human services information system, including client characteristics, service delivery, service effectiveness, and utilization data. Its purpose is to: 1) improve targeting of resources; 2) reduce or eliminate duplication of data; and 3) emphasize to compatibility of existing data sources with the dissemination of information.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AD0012 MONTANA STATE UNIVERSITY BOZEMAN, MONTANA MATCHING CLIENT NEEDS WITH SERVICE OPTIONS Harriet Tamammiga (406) 994-2371	09/30/83- 11/30/84		$32,241*		The purpose of this project is to develop a computer-based Statewide information dissemination system to improve services to aged clients. Using the AGNET computer system of the Cooperative Extension Service, the operating program will provide a systematic and rapid technique for referral and case management workers to match client needs with locally available service options.
90OJ1016 MARICOPA ASSOCIATION OF GOVERNMENTS, PHOENIX, ARIZONA DATA NETWORK FOR HUMAN SERVICES Jack DeBolske (602) 254-6308	09/30/83- 02/29/85		$10,000* $15,000 (HS) $10,000 (HDS)		The purpose of this project is to establish a common pool of information on human services to be used for planning, funding and implementation decisions. The network is being developed by a coalition of the corporate sector and State and local private and public organizations. When developed, the system will provide answers to questions on smaller populations and geographic areas to major corporate funders, mid-managers and administrators.
90OJ1019 UNITED WAY OF AMERICA, ALEXANDRIA, VA. FLAGSHIP: A TEN CITY DATA NETWORK Barbara VonElm (703) 836-7100 x446	09/30/83- 01/31/85		$67,130*		The purpose of this project is to provide information on United Way Agencies to help make informed policy decisions in the light of the current flux in private and public funding streams. The system will be developed in ten local United Ways and approximately 1,300 supported agencies, gathering information from an already established data base. Aggregate analyses of the information will help local and national planning in clarifying the evolving role of the voluntary sector in human service delivery.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90OJ2005 OFFICE OF CLIENT INFORMATION SYSTEMS, TALLAHASSEE, FLORIDA USE OF CLIENT INFORMATION SYSTEMS Eric Steg (904) 488-8722	09/30/83- 12/31/84		$21,870* $22,000 (HS) $20,000 (426)		The purpose of this project is to enhance the utilization of an integrated State-wide Client Information System by local managers and decision-makers. Information will be provided quickly in a format that can be used easily by managers with specific questions about targeting resources and setting priorities. Products to be developed include a layman's manual and specifications to guide programmers.
90OJ1018 NH SOCIAL WELFARE COUNCIL, CONCORD, NEW HAMPSHIRE HUMAN SERVICE KNOWLEDGE SYSTEM Douglas Hall (603) 228-0571	09/30/83- 12/31/84		$50,000* $25,000 (HS) $25,000 (426) $49,000 (HDS)		The purpose of this project is to create a common automated reference library or "knowledge system" on both social needs and service programs throughout the State which all groups can access for timely, concise information to support decision-making. The most current microcomputer technologies will be used to implement the system. Remote terminal telecommunication access will be available to all users.
90OJ1020 COMMUNITY FOUNDATION OF NEW JERSEY, ORANGE, NEW JERSEY CONSORTIUM INFORMATION SYSTEM Sheila Williamson (201) 676-3552	09/30/83- 01/31/85		$21,350* $70,000 (HDS)		The purpose of this project is to improve delivery of services and allocation of resources by developing an information system which is based on relevant, accurate in-depth data concerning residents, their needs and the resources available. Field tests with de-institutionalized mentally ill will be expanded to include compilation of data on all residents and agencies for the use of major funding and planning groups and social agencies.
90OJ1021 MONROE COUNTY, OFFICE OF THE COMMISSIONER, ROCHESTER, NEW YORK USE OF MANAGEMENT INFORMATION SYSTEMS Gabriel Russo (716) 442-4000	09/30/83- 12/10/84		$50,000* $117,000 (HDS/OPD)		This project proposes to utilize outputs of county welfare information systems to develop targeting strategies to meet the needs of multiproblem clients. Data will identify historical case/individual service utilization profiles and will assess the effects of service delivery on client achievement of self support.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0065 AMERICAN ASSOCIATION OF RETIRED PERSONS, WASHINGTON, D.C. MODEL VOLUNTEER PROTECTIVE SERVICE PROJECT - PHASE II Wayne Moore (202) 728-4333	09/30/83- 02/28/85		$80,000		This project will continue, improve, and disseminate models for providing volunteers to serve as representative payees for isolated, vulnerable Social Security recipients. The work of these volunteers is designed to prevent the suspension of Social Security checks, elder exploitation and abuse, and premature institutionalization.
90AM0057 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STRENGTHENING THE EFFECTIVENESS OF STATE HUMAN SERVICE AGENCIES THROUGH THE TRANSFER OF EXISTING KNOWLEDGE AND INFORMATION Theresa Lambert (202) 484-7182	07/01/83- 06/30/85		$112,161*	$29,968	The purpose of the project is to increase the effectiveness of state human service agencies through the development of a model knowledge transfer system for the dissemination and utilization of existing research, demonstration, evaluation, and training in two priority program areas.
90DJ0010 WISCONSIN DEPARTMENT OF HEALTH AND HUMAN SERVICES, MADISON, WI. COMMUNITY INTEGRATION PROGRAM EVALUATION Ronald Blascoe (608) 266-7250	09/30/83- 02/28/85		$23,271* $15,000* (ADD)		The purpose of this project is to evaluate the Community Integration Program which is designed to move developmentally disabled persons including older persons, from institutions to a community environment. The program consists of comprehensive case management and fiscal incentives to county agencies. The evaluation will assess the adequacy of services and fiscal incentives and the cost-effectiveness of the program.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90CW666 CENTER FOR HUMAN SERVICES MANAGEMENT NEW YORK, NEW YORK MICRO-COMPUTER BASED SERVICES/ FISCAL/ADMINISTRATIVE SYSTEMS Paul Levine (212) 489-6009	09/30/82- 02/28/95	$216,605 (ACYF)	$320,835		This is a cross-cutting project, funded by ACYF, and coordinated by OPD. The project will develop and install micro-computer based client tracking, fiscal, and administrative application systems in 14 Area Agencies on Aging and Head Start Agencies.
90A1279 THE REGENTS OF THE UNIVERSITY OF MICHIGAN, ANN ARBOR, MI SUPPORTING FACILITIES FOR RESEARCH AND POLICY DEVELOPMENT AND EVALUATION IN THE FIELD OF AGING Michael Traugott (213) 764-2570	10/01/77- 02/28/84	$399,317 $135,000	$ 20,000 $149,938 (NIA)		This project supports and develops a national archive of computerized data on aging. The archive acquires, documents, processes, and distributes data of interest to researchers and program planners in the field of aging. This grant was co-sponsored with the National Institute on Aging.
90AJ1003 OFFICE OF PROGRAM INITIATIVES, MADISION, WI WISCONSIN VOUCHER SYSTEM INITIATIVE FOR LONG TERM SUPPORT Amy McGrath (608) 266-9304	10/01/82- 12/31/84	$20,000 $61,000 (ADD) $48,686 (SS Act)			This research/demonstration project has been designed to respond to major public policy issues in the field of long term support. This project proposal envisions an alternative to the current system for persons with multiple, chronic disabilities, particularly frail elderly, developmentally disabled, and physically disabled persons. This project is co-sponsored with the Administration for Developmental Disabilities and the Office of Human Development Services.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AJ1008 SOUTH CAROLINA STATE REORGANIZATION COMMISSION, COLUMBIA, SC HUMAN SERVICES DEMONSTRATION PROJECT Philip Grose (803) 758-8743	12/01/83 11/30/84		$93,916 $93,914 (ACYF)		The Integrated Evaluation Systems (IES) project involves development and implementation of a state-of-the-art evaluative framework capable of providing managers and decision-makers with reliable data concerning the functioning of an entire integrated service delivery network.
90AR0040 WAYNE STATE UNIVERSITY, DETROIT, MI DEVELOPING AN INDEX OF ELDER ABUSE Melanie Hwalek (313) 577-2297	10/01/82- 03/31/85	$153,742		$101,943	The objectives of this project are to develop a reliable and valid measure of elder abuse for use by agencies working with the elderly and to provide instructional materials in the use of the index.
90AR0047 CENTER FOR PARTIALLY SIGHTED, SANTA MONICA, CA OLDER PARTIALLY SIGHTED VOLUNTEER ADVOCATES AND COMMUNITY COUNSELORS IN A REHABILITATION PROGRAM FOR THE VISUALLY IMPAIRED Phyllis Amaral (213) 458-3501	04/01/83 05/31/84		$72,805		This project proposes to establish a peer volunteer project within the current program of research service delivery of the Center for the Partially Sighted at the Santa Monica Hospital. The specific objectives of the project are to involve the participation of peer volunteers in the program, expand the current peer counseling program, and arrive at the most effective method of providing follow-up services to former patients.
90AR0048 ILLINOIS DEPARTMENT OF AGING, SPRINGFIELD, ILLINOIS IMPACT OF FEE IMPOSITION ON IN-HOME CARE FOR THE ELDERLY C. Jean Rogers 217-785-3352	10/01/83- 03/31/85		$32,226*		This project will evaluate the impact of a fee structure on utilization of the State Department's Community Care Program for the elderly. Data on service use (units, costs) will be collected from a sample of 600 clients and follow-up interviews on a sub-sample of 300 will be conducted to identify the nature and extent of family resources. Comparisons between clients who must pay fees and those who do not will be made.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AR0050 UNIVERSITY OF TEXAS HEALTH SCIENCES CTR., DALLAS, TX. END PRODUCT ORIENTED RESOURCE TARGETING MODEL John Skinner (214) 688-2820	09/01/83- 04/30/85		$54,509*		This project will develop a decision model designed to improve the targeting of scarce resources to increase social and economic self-sufficiency among the elderly. The model is based on multiple regression and path analysis of an existing data base - the GAO, study of The Well Being of Older People in Cleveland, Ohio. The study will determine the most effective and efficient allocations of resources based on the knowledge of client needs and which services contribute most to their self-sufficiency.
90OJ1002 COMMONWEALTH OF PENNSYLVANIA, HARRISBURG, PA DESIGN OF HUMAN SERVICES BLOCK GRANTS TO COUNTY GOVERNMENTS Harold Miller (717) 787-1954	09/30/82- 01/31/85	$100,000 $100,000 (OPD)		$30,000	The goal of this project is to undertake a comprehensive assessment of state and federal funding streams in Pennsylvania which are passed from or through the state to the local level for the provision of human services, and to design mechanisms for consolidating and/or transferring responsibility to counties for those funding streams. This grant was co-sponsored with the Office of Human Development Services.
90OJ2003 RESEARCH TRIANGLE INSTITUTE, RESEARCH TRIANGLE, NC SERVICE EFFICIENCY IMPROVEMENT DEMONSTRATION Sally Johnson (919) 541-6186	01/01/83- 09/01/84		$51,974 $56,306 (ADD) $108,282 (OPD) $79,205 (SS Act)	$5,774	The purpose of this project is to demonstrate a system for measuring efficiency of OHDS programs and develop self-sustaning mechanisms for continued application.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0039 CARBIDE RETIREE SERVICE CORPS, INC., NEW YORK, NY USE OF BUSINESS VOLUNTEERS TO HELP STATE AND LOCAL AGENCIES ON AGING W.C. Morro, Jr. (803) 246-6636	10/01/82- 09/30/85	$100,000		$75,000	To foster productive working relationships between retired scientific, business trained volunteers and the aging network and to initiate new partnerships between the aging network and the public and private sector involved in technology transfer and technological innovation.
90AM0052 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, DC BUILDING STRENGTH AT THE COMMUNITY LEVEL Raymond Matalish (202) 484-7520	01/01/83 12/31/84		$129,969 $2,500 (DOE) $2,500 (AoA)	$97,477	Several case models and portfolios on effective management techniques including resource allocation will be compiled, analyzed and disseminated. These will serve as technical assistance materials to Area Agencies, helping them to identify and adopt management techniques which will strengthen their capacity to manage public/private resources.
90AM0069 NATIONAL ASSOCIATION OF BLACK SOCIAL WORKERS, OKLAHOMA CITY, OKLA. MODEL FOR SUPPORTIVE HEALTH CARE COUNSELING AND SERVICES Roosevelt Hilton (405) 424-5818	02/01/84 01/31/85			$9,999 $10,000	The purpose of the project is to plan and implement a model for supportive health care counseling and services for low-income ethnic minority elderly in a community-based alternative care center. The essential elements of this program will focus on supportive health maintenance, limited health restoration, socialization, and respite care for the primary caretaker of older persons.
90AM0070 NATIONAL CONFERENCE OF STATE LEGISLATURES, DENVER, COLORADO USE OF STATE TAX POLICIES TO ENHANCE ECONOMIC SELF-SUFFICIENCY Mitchell Zahan (303) 292-6600	01/01/84- 12/31/84			$134,818	This project will identify state tax policies directed towards the elderly in five areas: income tax, sales tax, property tax, tax incentives to the private sector to assist older persons and dedicated taxes for aging programs. Reference materials will be developed and a seminar held to promote tax policies to enhance economic self-sufficiency of older people.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0071 CHILD AND FAMILY SERVICE OF WASHTENAW COUNTY, ANN ARBOR, MI. DAY TREATMENT FOR CHEMICALLY DEPENDENT OLDER PERSONS Flynn Breeden (313) 971-6520	01/15/84- 05/14/85			$100,000	The purpose of this project is to widen the scope of treatment resources available to better rehabilitate the geriatric chemically dependent individual. This would be accomplished through intensive day treatment efforts involving information and therapy groups, socialization with peers, individual and family counseling and the involvement of needed ancillary services.
90AM0072 EDUCATIONAL & COMMUNITY RESOURCES, INC., JERMYN, PA. SENIOR COMMUNITY FITNESS PROGRAM Elinor Daley (717) 961-4351	06/01/84- 09/30/85			$1,995**	The project will involve 80 elderly and middle-aged persons in a "companion" physical fitness and exercise program meeting twice a week for six weeks in two rural communities in Pennsylvania.
90AM0073 DRAKE UNIVERSITY, DES MOINE, IOWA SENIOR CITIZENS LEGAL SERVICES PROGRAM Daniel Power (515) 271-3851	08/01/84- 12/31/85			$114,942**	The principal purposes of the project are to increase (1) quality legal services to the elderly, (2) the amount of pro bono services provided by members of the legal profession and thus, (3) to reduce the unmet legal needs of the elderly.
90AM0074 ARTHRITIS FOUNDATION, ATLANTA GEORGIA ARTHRITIS SERVICES NETWORK Floyd Pennington (404) 872-7100	08/01/84 12/31/85			$99,440**	This project will establish a national arthritis service network comprised of public/private voluntary organizations under whose aegis elderly volunteers will be trained to disseminate health promotion programs among their peers.
90AM0076 UTAH STATE DEPARTMENT OF SOCIAL SERVICES, SALT LAKE CITY, UTAH AGING MANAGEMENT INDICATOR PROJECT Robert Word (801) 533-6422	08/01/84- 07/30/85			$11,500**	The project will develop a software computer program that will be able to gather information from various "automated computer systems" currently being used in the state and utilize this information in a unified management indicators system for the aging network in Utah.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0077 NATIONAL CENTER AND CAUCUS ON BLACK AGED, INC., WASHINGTON, D.C. SUPPORTING UNSUBSIDIZED SERVICES FOR THE ELDERLY Sam Simmons (202) 637-8400	09/30/84- 09/29/85			$150,000**	This project will demonstrate innovative uses of the black voluntary network (churches, lodges, professional and fraternal organizations, black colleges and universities) to meet the service needs of black elderly.
90AM0078 NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS, TRENTON, NEW JERSEY MICROCOMPUTER-BASED INFORMATION SYSTEM NETWORK Ron Musyk (609) 292-3766	08/01/84 12/31/85			$149,544**	The project will create five state management information system networks among Area Agencies on Aging and State Units on Aging. The networks will use low cost microcomputer technology, and will support a variety of analytic procedures which will aid State Units planning and evaluationg functions.
90AM0080 CENTER FOR ENVIRONMENTAL PHYSIOLOGY, WASHINGTON, D.C. HYPOTHERMIA THEROMETER PROJECT W. Moulton Avery (202) 737-3795	08/01/84- 12/31/85			$55,000**	This project will conduct a national educational compaign to alert health professionals to the prevention measures that should be taken in detecting and combating the problem of hypothermia as it affects older persons.
90AM0081 WYOMING DEPARTMENT OF HEALTH & SERVICES, CHEYENNE, WYOMING LEGAL TRAINING OF LAY AND PROFESSIONAL ADVOCATES Donna McCrea (307) 777-7986	08/01/84- 12/31/85			$15,160**	This project will provide documentation, recommendations and implementation strategies necessary to conduct community-based training sessions on major law-related problems of the elderly for senior citizen abvocates (both professional and laymen). The aim of the project is to train advocates to reach the rural or isolated elderly with the training information.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0082 JEWISH HOSPITAL OF ST. LOUIS — WASHINGTON U., ST LOUIS, MO. OLDER ADULT SERVICE AND INFORMATION SYSTEM (OASIS) DISSEMINATION PROJECT Marylen Mann (314) 454-7105	09/01/84- 01/31/86			$199,050**	This project will disseminate the practices and techniques for establishing department store-based senior centers as developed and tested in four cities under the OASIS concept and with the sponsorship of the May Company. Additional OASIS sites will be established in eight (8) cities, completing a nation-wide network of these innovative models of private/public partnerships.
90AM0083 ASOCIACION NACIONAL PRO PERSONAS MAYORES, LOS ANGELES, CALIFORNIA PROJECT RESPETO Carmela Lacayo (213) 487-1922	09/30/84- 09/29/85			$150,000**	Project Respeto's purpose is to strengthen the family's role as caregiver to impaired, low-income older persons (particulary Hispanics), to increase these elders' access to needed services, and to promote intergenerational linkages and voluntarism among Hispanic youth and elderly. To fulfill these goals, the project will establish church-based volunteer networks of Hispanic youth and elderly in Los Angeles and San Antonio to furnish bilingual support services to impaired low-income elders.
90AM0084 AMERICAN ASSOCIATION OF RETIRED PERSONS, WASHINGTON, D.C. FREE LEGAL HOT LINE Wayne Moore (202) 728-4333	08/01/84- 12/31/85			$101,173**	The purpose of this project is to determine whether a free, city-wide legal hot line for older people can be self-supporting using an innovative financial scheme. During the 8 months of actual operation, the hot line will provide free legal advice by licensed attorneys. It will also provide brief legal services (e.g. draft a letter; review a document) for a flat fee of about $10. Finally, it will refer people who need additional legal services to attorneys who will charge fees which are at least 20% below market rates.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0085 MEGIS COUNTY COUNCIL ON AGING, INC., POMEROY, OHIO AT RISK ELDERLY IN RURAL AMERICA: CREATING FAMILY SUPPORT NETWORKS Susan Oliver (614) 922-2161	09/01/84- 12/31/85			$17,508**	This project will provide an alternative to institutionalization for fifteen (15) to twenty-five (25) at risk, frail, rural elderly by incorporating conceptual understanding and skills into the basic family unit to encourage their confidence and competency as care providers. The project will design and present a series of 12 educational training sessions to these families to improve caretaker coping behavior.
90AM0087 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIFORNIA DISSEMINATING TRAINING AND EDUCATIONAL MATERIALS ON AGING Helen Dennis (213) 743-5156	09/01/84- 11/30/85			$119,686**	This project will disseminate new approaches to educating management and union officials to enhance employment and retention opportunities for older workers. The objectives are (1) to establish a national mechanism to disseminate a training program on aging to managers from corporations, universities and government agencies; and (2) to provide educational materials about older workers to unions.
90AM0088 NATIONAL ALLIANCE OF BUSINESS, WASHINGTON, D.C. PROMOTING OLDER WORKER EMPLOYMENT OPPORTUNITIES Frances Rothstein (202) 289-2910	08/15/84- 07/14/85			$146,621**	This project addresses the national need to increase the awareness and involvement of the business community, especially private industry councils, in issues and strategies related to meeting the employment needs of Older workers. In addition, the project will develop a special training package for private industry councils and corporate executives to sensitize them to older worker employment issues; and alert them to potential advantages of working closely with the aging network.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AM0089 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. STRENGTHENING THE ROLE OF FAMILY AS CAREGIVERS Dan Quirk (202) 484-7182	09/30/84- 11/30/85			$150,000**	The purpose of this project is to strengthen the capacity of the aging network to enhance the role of the caregiver family and to establish more effective linkage mechanisms between these informal services and formal care systems. The project will produce five reports on successful programs and activities (direct services to families, access services, economic supports, education and training, and interrelationships among family supports) which will assist State Units on Aging to adapt and build upon these initiatives.
90AM0090 NATIONAL CAUCUS AND CENTER ON BLACK AGED, WASHINGTON, D. C. CONGREGATE HOUSING MANAGER TRAINING Sam Simmons (202) 637-8400	09/30/84- 09/29/85			$149,998**	The purpose of this project is to implement a housing management training and job placement system for 150 non-managerial Black older workers and senior citizen retirees to increase their economic self-sufficiency. COnducted via a combination of classroom and on-the-job guided work experiences, it incorporates the strong voluntary participation of public and private sector housing agencies as well as the National Council on Aging.
90AM0091 MANIILAQ ASSOCIATION, KOTZEBUE, ALASKA NETWORKING VILLAGE SERVICE/CARE PROVIDERS USING THE ELDERS COUNCIL Marie Schwind (907) 442-3311	09/30/84- 06/30/85			$49,840**	This project will demonstrate the efficacy of using volunteer village coordinators to broker services to indigent elderly Eskimos. The volunteer coordinators will report to the Elder Councils on the services available, the services provided, the volunteer time they have contributed, and the progress of the elderly recipients. The project's success hinges on how many of the target population are actually reached and served through the volunteer coordinator approach.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AM0092 OPERATION ABLE OF GREATER BOSTON, BOSTON, MASSACHUSETTS PROFITABLE BUSINESS MODELS FOR USING OLDER WORKERS J.R. Hipple (617) 338-0213	09/01/84- 11/30/85			$102,179**	The project proposes to compile successfully tested local and nationwide business models using older workers, and will use this information to conduct an awareness and advocacy campaign in Greater Boston of the benefits to business of retaining and hiring the older worker. The project will obtain commitment from 75 Greatrr Boston employers to pilot test one or more strategies for using the older worker.
90AM0093 UNIVERSITY OF ARIZONA, TUCSON, ARIZONA STRENGTHENING INFORMAL CAREGIVER EFFECTIVENESS Vernon Greene (602) 621-7464	09/01/84- 01/31/86			$106,993**	This project will demonstrate and evaluate the clinical and cost effectiveness of providing training to informal caregivrrs of chronically impaired older persons. Four hundred caregivers will be trained through group process methods as well as through individualized counseling. The anticipated outcomes are stress reduction, lessened dependence on formal services, and lower incidence of caregiver "burnout".
90AM0094 METROPOLITAN CHICAGO COALITION ON AGING, CHICAGO, ILLINOIS TASK FORCE TO CREATE AFFORDABLE HOUSING ALTERNATIVES FOR THE ELDERLY Beverly Nash (312) 922-5890	09/30/84- 02/28/86			$90,375**	Under this project, an integrated set of housing options for older people in the Chicago metropolitan area will be planned and implemented by teams of expert volunteers representing public, private, and voluntary sectors. The project is intended to serve as a model to local communities of collaborative action for the establishment of housing alternatives for the elderly.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0095 WASHINGTON UNIVERSITY, ST. LOUIS, MISSOURI CASE MANAGEMENT SERVICES BY THE VOLUNTEER ELDERLY Martha Ozawa (314) 889-6615	09/01/84- 01/31/86			$100,859**	The purpose of this project is to study a community-based program in St. Louis in which elderly vlunteers will serve as case managers for elderly "clients," assisting them with needed services, socialization and maintenance of their independence. The study will investigate (a) the characteristics of the elderly who become case managers; (b) the characteristics associated with productive case management; and (c) the strengths and limitations of this services delivery strategy.
90AM0096 UNIVERSITY OF MISSOURI, KANSAS CITY, MISSOURI DEVELOPING INFORMANTS TO ASSIST RURAL FAMILIES CARING FOR ELDERLY Burton Halpert (816) 474-7770	09/01/84- 01/31/86			$90,675**	This project is designed to assist impaired rural elderly and their family caregivers who are jeopardized by a scarcity of formal in-home care services, isolation, and, in many cases, by their reluctance to trust or utilize unfamiliar caregivers. To meet their needs, a demonstration project will be conducted using members of a large voluntary organization, the Missouri Extension Homemakers Association who will be trained to provide information to a minimum of 100 to 150 families on proper caregivers and stress reducing techniques, and connect them with appropriate community resources if respite and specialized care are needed.
90AM0097 MISSOURI DEPARTMENT OF SOCIAL SERVICES, JEFFERSON CITY, MISSOURI STATE AGENCY/PRIVATE SECTOR/FAMILY LINKAGE THROUGH AN OLDER VOLUNTEER BANK Rick Westphal (314) 751-3082	09/01/84- 01/31/86			$75,000**	The applicant proposes to establish a program of older volunteers (60+) to provide respite are for families in need. The older volunteers would receive credit for hours of care provided. The time would be credited on a registry and repaid in return for future service for their own needs.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0098 NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC., WASH., D.C. ACCESSORY APARTMENTS AND SHARED HOUSING Sam Simmons (202) 637-8400	09/30/84- 09/29/85			$124,956**	The project will demonstrate how to bring the economic and social advantages of shared housing and accessory apartments to the Black urban elderly and developmentally disabled. Objectives include 1) 50 shared housing matches, 20 accessory apartments, with at least 25 contacts including assistance with activities of daily living; and 2) a national dissemination effort including a "How To" manual.
90AM0099 NATIONAL COUNCIL ON AGING, WASHINGTON, D.C. WELLNESS YEAR-ROUND: INVOLVING VOLUNTARY ORGANIZATIONS IN HEALTH PROMOTION IN SENIOR GROUP PROGRAM Thomas Beall (202) 479-1200	09/30/84- 09/29/85			$136,929**	This project extends the health and health-related initiatives of the program of the National Voluntary Organizations for Independent Living for the Aging. The project will expand the existing resources of the National Council on Aging and 220+ national organization members of NCOA's and consortium (NVOILA). The project will undertakr four principal tasks involving the development of a program guide for establishing a comprehensive health promotion focus in senior groups; settings; a strategy for expanding NVO's awareness; and a "Wellness Year-Round" programming calendar; and a series of health promotion briefs.
90AM0100 ERIE COUNTY DEPARTMENT OF SENIOR SERVICES, BUFFALO, NEW YORK TRANSFERABILITY OF OCCUPATIONAL THERAPY TECHNIQUES TO INFORMAL SUPPORTS Clifford Whitman (716) 846-8522	09/01/84- 01/31/86			$95,500**	The purposr of this project is to demonstratr the transferability of occupational therapy skills to nonprofessionals and informal caregivers. The project will use a neighborhood based approach to train elderly, families, and youth to assess the living space of older persons, the intent of being to prevent accidents facilitatr coping skills, enhance mobility, and increase independent living capability.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0101 SHARED HOUSING RESOURCE CENTER, INC., PHILADELPHIA, PENNSYLVANIA SHARED HOUSING ENERGY DESIGN PROJECT Dennis Day-Lower (215) 848-1220	09/30/84- 09/29/85			$20,225**	This shared housing energy project for older persons will be undertaken in which eight family-size houses will be built, four on urban sites in Philadelphia, and four on suburban/rural sites in Montgomery County, Pennsylvania. The houses will achieve at least a 50% savings in energy and maintenance. The housing designs will be built with funds from other sources.
90AM0102 COUNTY OF LEHIGH, ALLENTOWN, PENNSYLVANIA UNSUBSIDIZED COMMUNITY SPONSORED MODIFIED LIFE CARE Michael Stershic (215) 820-3001	09/30/84- 09/29/85			$30,000**	The purpose of the project is to demonstrate the feasibility of a modified form of life care for elderly families of moderate income. Local community groups would sponsor "Leasing Cooperatives" which are actually independent associations of non-profit families. It is expected that the Leasing Cooperative would amass a financial benefit-of-scale not available to the individual family member and use the investments to secure a long-term lease or license on a newly constructed or renovated structure which functions as a "group congregate, multifamily" complex.
90AM0103 CLEARFIELD COUNTY LEAGUE ON SOCIAL SERVICES, CLEARFIELD, PA. ELDER CARE - A FAMILY DAY CARE PROGRAM, COMMUNITY BASED IN HOME FAMILY CARE FOR FRAIL ELDERLY Gloria Silverblatt (814) 765-2613	09/30/84- 09/29/85			$31,875**	The project proposes to develop an alternative model of day care services to frail elderly persons who require daily supervision. This service will strengthen their family and community support systems and possibly delay or prevent institutionalization while aiding them to maintain their dignity. The project is based on a family day care concept and is adaptable to both rural and urban locations. Volunteers will be enlisted to enhance the support systems of both clients and caregivers.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AM0104 THE CATHOLIC UNIVERSITY OF AMERICA, WASHINGTON, D.C. FAMILY SUPPORTS FOR THE ETHNIC ELDERLY Christopher Hayes (202) 635-5483	09/01/84- 11/30/85			$96,650**	The project intends to improve access to community support systems for seven milion Euro- American elderly for whom language barriers are a major problem. Implementation will be accomplished through the development of issue papers and the conduct of a national conference involving human service providers and representatives of key Euro-American communities, including elders. The project will also produce one guide for ethnic leaders and another for service providers.
90AM0105 NATIONAL PACIFIC/ASIAN RESOURCE CENTER, SEATTLE, WASHINGTON ALTERNATIVE HEALTH CARE OPTIONS Alfred Elgin (505) 766-2276	09/30/84- 09/29/85			$199,842**	The major emphasis of this project is to transfer successful models of health promotion from five sites to six communities with large concentrations of Pacific Asians. In addition,, a cadre of resource persons will be developed who will be able to replicate the health care promotion/educational program in other areas. Other activities include the provision of technical assistance to targeted AAA's and service providers to develop more responsive programs for the Pacific/Asian edlerly community.
90AM0106 NORTHWEST BRONX COMMUNITY AND CLERGY COALITION, INC., NY. NY SENIOR CITIZENS INTERGENEPATIONAL SUPPORT GROUP ORGANIZING PROJECT Joseph Muriana (212) 933-3101	09/30/84- 12/29/85			$78,775**	The project will demonstrate the efficacy of organizing intergenerational support groups in urban multi-family housing units as a means of enhancing the overall well being of the resident senior citizen population. The project will focus on improving the housing stock and physical security and safety conditions under which area seniors live. Code violations in targeted buildings will be corrected, detailed housing renovation plans will be prepared and an area wide Senior Citizen Court Monitoring Committee to deal with crime against the elderly will be established.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AM0107 SOMERVILLE CAMBRIDGE ELDER SERVICES, INC., SOMERVILLE, MA. EDUCATION/CASE MANAGEMENT SERVICES PUBLIC/PRIVATE PARTNERSHIP Anna Shenk (617) 628-2601	09/30/84- 08/31/85			$34,875**	The purpose of this project is to develop an innovative family education/case management program through the work place in partnership with the employer. The program will provide the following to private/public industry employees through each company's human resources/personnel department: (1) Education addressing underlying assumptions of aging and how they affect employees professionally and personally; (2) Information, Referral and Case management services to employees who are responsible for the support or care of a frail or ill older person.
90AM0108 AMERICAN BAR ASSOCIATION, CHICAGO, ILLINOIS HOME EQUITY CONVERSIONS: ENHANCING LEGAL AWARENESS Nancy Coleman (202) 331-2297	09/30/84- 12/31/85			$100,000	The project will coordinate legal analysis in the home equity conversion field, and to enhance awareness of the legal aspects of home equity conversion by the private bar and other segments of the legal community. The grantee will produce a written analysis of laws affecting home equity conversion in selected states. A format for such legal research will be disseminated to enable attorneys in other states to replicate and adapt the grantee's efforts. The project will also implement continuing legal education sessions for lawyers in the several states and conduct a nationwide survey of the interest and needs of continuing legal education entities in the home equity conversion field.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AM0109 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, D.C. BROKERING: THE MISSING LINK Ray Mastalish (202) 484-7520	09/30/84- 04/30/86			$208,988	This project is designed to demonstrate how the resources of the private sector can be utilized or "brokered" to serve the needs of older persons in the areas of nutrition, transportation, energy conservation, health promotion, income and I&R, and adult day care. Six different activities including marketing research, promotion of services or products, promotion of public image, employee training, employee benefits consultation, and interpretation of market trends will be undetaken by a number of different Area Agencies.
90AM0110 AREA AGENCY ON AGING FOR NORTH FLORIDA, TALLAHASSEE, FLORIDA COUNSELING FOR ALTERNATIVE RESIDENTIAL ENVIRONMENTS (CARE) Margaret Duggan (904) 488-0055	09/30/84- 12/31/85			$51,700	The project will design a model program of housing counseling for the elderly. There will be a research and development component which will investigate the available resources and the need for counseling services as well as a service delivery component which will serve as a model that can be replicated nationwide. A software package will be developed to assist Housing Counselors in the analysis of social and financial needs of the elderly and for families of dependent elderly. A "How To" Manual will be prepared on developing housing counseling services.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AR0053 THE RAND CORPORATION, SANTA MONICA, CALIFORNIA ANALYTICAL SYNTHESIS OF LONG TERM CARE: PRACTICAL TOOLS FOR AAAs Rosalie Kane (213) 393-0411	08/01/84- 12/31/85			$178,915**	This project is designed to synthesize and organize information about long term care issues and programs that significantly affect the chronically impaired older populatrion. It will provide AAAs with a conceptual framework for developing long term care programs as well as practical analyses of issues involved in organizing, financing, and assuring the quality of long term care community services to the elderly.
90AR0054 UNIVERSITY OF OKLAHOMA, NORMAN, OKLAHOMA PERFORMANCE -BASED CONTRACTING Kenneth Wedel (405) 325-2821	08/01/84- 10/31/85			$87,058**	The goal of this project is to determine the effectiveness of incentives in performance-based contracting for the provision of homemaker/chore services for the elderly. This project is a cooperative effort between the University of Oklahoma School of Social Work and the Areawide Aging Agency, Inc. of Central Oklahoma. Efforts will be made to assess the effectiveness of incentives such as competitive points for future contracting, work training and recognition of programs/workers, etc.
90AR0055 UNIVERSITY OF KANSAS, KANSAS CITY, KANSAS PRODUCTS OF AoA DISCRETIONARY GRANTS IN LONG TERM CARE Russell Mills (913) 588-1203	08/01/84- 07/31/85			$58,350**	This project is designed to systematically identify and list products of AoA-funded research, demonstration and training grants in long term care over the last seven (7) years. Descriptions and information about the products of these projects will be entered into the existing computerized LTCGC information system currently operated by the University of Kansas and distributed to community-based providers of services to impaired older persons.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AR0056 NATIONAL HISPANIC COUNCIL ON AGING, SILVER SPRING, MARYLAND THE INTERGENERATIONAL FAMILY Guillermo Chaves (301) 488-4647	09/01/84- 02/28/86			$130,000**	The purpose of this project is to develop a prevention intervention model of service provision that will utilize the intergenerational family to test various coping skills, strengths, stresses, and risk factors. The prevention model will be developed through studies of Mexican American and Puerto Rican families at 3 sites, two urban and one rural. It will then be pilot tested and refined in three clinical settings with groups of volunteer elderly and family members.
90AR0057 UNIVERSITY OF SOUTH FLORIDA, TAMPA, FLORIDA IMPACT OF SPECIALIZED ALZHEIMER'S DISEASE DAY CARE PROGRAMS Eric Pfeiffer (813) 974-4355	09/01/84- 11/30/85			$104,353**	This project is designed to evaluate the effectiveness of using "dementia-specific day care" (DCDC) facilities in maximizing the role of family caregivers in maintaining demented patients, especially Alzheimer's disease patients, in the community as long as possible. Comparisons will be made between the impact of DCDC with that of traditional forms of day care.
90AR0058 UTICA COLLEGE, UTICA, NEW YORK EVALUATION OF A MEDICAL COMPLIANCE SYSTEM FOR THE ELDERLY Ronald Lucchino (315) 792-3253	09/01/84- 08/31/85			$37,233**	This project will evaluate a system designed to increase understanding among the elderly of the importance of medication compliance. The system has been developed and piloted in Oneida County, New York through the cooperation of the Utica College Institute of Gerontology, the county AAA, and local pharmacists and doctors. The evaluation will determine whether it does increase medication compliance and reduce health costs, using three measurable dependent variables: the attitudes of the elderly taking medication, the degree of compliance, and the savings in health costs, if any.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AR0059 AMIGOS del VALLE, INC., McALLEN, TEXAS INNOVATIVE APPROACHES TOWARDS PREVENTION OF INSTITUTIONALIZATION OF ELDERLY INDIVIDUALS Amancio Chapa (512) 687-9494	09/01/84-08/31/85			$100,000**	The project will study innovative approaches toward the prevention of institutionalization of elderly Mexican Americans. Health care services will be provided to persons who have been rejected for nursing home care and are homebound and facing institutionalization. There will be a sample and study that will assess the Mexican American elderly attitudes toward alternative forms of residential non-institutional living arrangements and other innovative approaches.
90AR0060 IOWA STATE UNIVERSITY, AMES, IOWA OUTREACH: RECREATION/EXERCISE PROGRAMS FOR HOME-CENTERED ELDERLY Babara Wilhite (515) 294-4443	09/01/84-08/31/85			$23,940**	This project has two objectives. The first is to incorporate a set of twelve recreation and exercise activity materials for home-based elderly into volunteer-staffed friendly visiting programs. The second is to empirically test the benefits gained from use of these recreation/exercise materials by both the volunteer services providers and the home-centered elderly recipients. Subsequent experienced based revision of the materials is planned as well as their dissemination nationwide.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AJ0079 BUREAU OF SOCIAL SCIENCE RESEARCH, INC., WASHINGTON, D.C. STANDARD COSTS FOR UNITS OF SERVICE: AN EVALUATION MODEL Richard White (202) 223-4300	08/01/84- 07/31/85			$140,000** $10,000 (HDS/OPD)	This project will develop and apply an innovative adaptation of standard cost methods to evaluate the cost per unit of service delivered by State and Area Agencies on Aging to older Americans. Using the National Data Base on Aging and other secondary data sources, the project will design a model of national standard costs that incorporates factors which predict variance from the norm.
90AJ1015 TEXAS MIGRANT COUNCIL, LAREDO, TEXAS NATIONAL RESOURCE CENTER ON THE MEXICAN AMERICAN FAMILY Mary Guevara (512) 722-5174	01/31/84 01/30/85			$50,973** $50,974 (ACYF)	This project is designed to increase the efficiency and effectiveness of social services delivered to Mexican American families of the Southwest United States through development and dissemination of information on the elderly and abused, neglected and handicapped children.
90AJ1016 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, D.C. DEVELOPING...USE OF MICROCOMPUTERS AT AREA AGENCIES ON AGING Pamela Larson (202) 484-7520	08/01/84- 10/31/85			$85,000** $15,000 (HDS/OPD)	This project responds to the needs of Area Agencies on Aging for microcomputer based application packages for such uses as: targeting client groups; performing needs assessments; providing I&R; and determining gaps in the service deliery system.
90AJ1017 COUNCIL OF STATE PLANNING AGENCIES, WASHINGTON, D.C. STATE LEADRRSHIP FOR OLDER WORKER EMPLOYMENT Gloria Whitman (202) 624-5386	07/15/84- 08/14/85			$165,768** $35,600 (ACYF)	The project addresses the national need for state economic development strategies which stimulate and facilitate local action to increase older worker employment. CSPA proposes a cooperative effort with five states to yield three powerful motivators to national action.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AJ1018 CAMP FIRE, INC., KANSAS CITY, MISSOURI INTERGENERATIONAL PROGRAM DELIVERY SYSTEM PROJECT Karen Bastz (816) 756-1950	09/01/84- 02/28/86			$45,000** $45,000 (426)	The Intergenerational program delivery system project will develop, implement, and evaluate a human service delivery system involving older adults teamed with teenagers as instructors of young children (grades K-4), teaching them self-reliance and survival skills. Through this project, 200 older persons and 200 teenagers are expected to volunteer over 75,000 hours of direct service to 3,750 young children to allevaite or prevent problems related to lack of parental supervision, emotional stress, victimization, and crime.
90AJ1020 HUMAN SERVICES DEPARTMENT, SANTA FE, NEW MEXICO HELPING NURSING HOMES OPERATE DAY CARE CENTERS Gerry Hanberry (505) 827-4077	09/30/84- 11/30/85			$59,982** $20,000 (OPD)	The purpose of this project is to demonstrate how the role of the elderly within the family and community can be strengthened through intergenerational contact between the elderly and the very young. The Laguna Raindbow Aging Center, a nursing home on an Indian Pueblo, will serve as the primary demonstration site for this project. The project would provide child care for about 20 children, at minimal cost, while adding to the activity of the elders and the strengthening of the community fabric and tradition.
90AJ1021 NATIONAL COUNCIL OF NEGRO WOMEN, ALEXANDRIA, VIRGINIA HEALTH PROTECTION PROJECT FOR BLACK AMERICANS :lifford Richmond (703) 684-5733	08/09/84- 08/08/85			$125,000** $53,532 (OPD)	This project will develop and implement a community-based health promotion program to encourage elderly and other Black Americans to adopt specific risk reduction behaviors—e.g. not smoking, regular exercise, better dietary habits. There are two major components: community training workshops to be conducted in Washington, D.C. and Atlanta, Georgia, and community awareness campaigns featuring media promotional activities or prominent Black personalities and authorities.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	 FY 1983	 FY 1984	ABSTRACT
90AJ1022 UNIVERSITY OF MISSOURI, KANSAS CITY, MISSOURI EXPANDING SUPPORT NETWORKS OF ELDERLY DD PERSONS James Intagliata (816) 474-7770	09/30/84- 09/29/85			$45,878** $45,877 (ADD)	The project goals are to help avoid placement of elderly developmentally disabled into institutional settings; to increase their life satisfaction and to enhance their community integration. Sample population will be provided with (1) tailored case management services, (2) life planning to prepare for future needs, (3) linkages with non developmentally disabled volunteers and (4) opportunities to become involved with programs serving generic elderly population. Administration for Developmental Disabilities is a co-sponsor.
90AJ1023 EASTERN MICHIGAN UNIVERSITY, YPSILANTI, MICHIGAN INTERGENERATIONAL LINKAGES Bruce Warren (313) 487-0372	09/01/84- 01/31/86			$59,882** $33,000 (ACYF) $44,996 (OPD)	This technical assistance and technology transfer project will establish 26 new intergenerational program located in the metropolitan areas of Detroit-Ann Arbor, Chicago and Atlanta. Model Demonstration Centers will be established in each metropolitan area, with eight satellite programs developed from each center. The nationally acclaimed Teaching-Learning Communities model of the Ann Arbor Public Schools will provide the intergenerational model. The program uses volunteer "grandpersons" to share skills with children and youth through arts and humanities projects.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AJ1024 SAN DIEGO STATE UNIVERSITY, SAN DIEGO, CALIFORNIA ELDER TUTORS Percil Stanford (619) 265-6765	09/01/84- 10/31/85			$29,104** $25,000 (ACYF) $44,997 (OPD)	The specific objectives of this project are: (1) develop an after school program where the elderly work with elementary school children who lack immediate supervision by family or friends in the community; (2) improve negative stereotypes and perceptions that young people have about the elderly and aging process in general, (3) provide socialization experiences for the elderly with their peers, professionals, parents and children; (4) train older adults to assist children in the improvement of their skills in reading, mathematics and the sciences; and (5) provide older people with the opportunity to share their knowledge, skills, and experiences with younger people.
90AJ1025 NATIONAL INDIAN COUNCIL ON AGING, ALBUQUERQUE, NEW MEXICO NATIONAL INDIAN AGING POLICY IMPLEMENTATION AND MONITORING PROJECT Alfred Elgin (505) 766-2276	09/30/84- 09/29/85			$49,900** $50,000 (HDS)	This project is designed to improve services for and management of programs for Indian Elders through four principal components: (1) developing and disseminating a best practices manual of services for Indian elderly; (2) providing a set of guidelines and standards for evaluation of programs serving older Indians; (3) training and placing NICoA field representatives in four States; and (4) making more effective use of four existing State Councils on Indian Aging as advocacy agencies.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AJ2001 TRIBAL COUNCIL OF LAC du FLAMBEAU, LAC du FLAMBEAU, WI. STRENGTHENING AN AMERICAN INDIAN COMMUNITY Robert Polfus (715) 588-3371	09/01/84- 08/31/85			$8,309** $4,000 (426)	This project is designed to take advantage of the traditional strengths of the American Indian family by increasing the interaction between Elders and children/youth. The Elders would teach local Ojibwa heritage, tribal culture, and skills to the tribe's youth and children. Project activities would be video-taped to provide a permanent record and traching tool. The results will be disseminated to local, regional, and State American Indian and aging organizations.
90OJ1022 LINC RESOURCES, INC., COLUMBUS, OHIO MARKETING PROGRAM Victor Fuchs (614) 263-5462	01/01/84- 12/31/84			$28,995	The purpose is to inform commercial publishers about commercially marketable OHDS products and stimulate their interest in publishing such products. LINC Resources will provide TA to OHDS projects to help them in the area of marketing and commercial publication with the result that OHDS products will be published commercially.
90OJ1024 FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, N.Y. DATA PROCESSING SUPPORT SYSTEM Linda Levi (212) 980-1000 x632	07/01/84- 09/30/85			$25,000** $15,000 (ADD) $45,000 (HDS) $30,000 (426)	This project will develop, as part of its expanded management assistance program, an innovative cost-effective Data Processing Support System to help member agencies utilize existing technology as applied to human service agencies to increase the efficiency and effectiveness of service delivery. Among the HDS target populations that will benefit from the use of the Data Processing Support System are the elderly, the developmentally disabled, and families.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
900J1026 SOUTH CAROLINA STATE REORGANIZATION COMMISSION, COL, S.C. INTEGRATED HUMAN SERVICES MANAGEMENT SYSTEM DISSEMINATION PROJECT Philip Grose (803) 758-8743	07/01/84- 11/30/85			$35,000** $19,000 (ADD) $40,000 (426) $40,200 (HDS/OPD)	The purpose of this project is to distribute usable, structured methodologies for deriving human service priorities, preparing integrated human sevices program plans and budgets, making service and provider resource allocations, and delivering, monitoring and controlling services as develped in the South Carolina Human Services Demonstration Project.
900J1027 PACIFIC STUDIES INSTITUTE, GUAM INFORMATION MANAGEMENT SYSTEM FOR THE WESTERN PACIFIC Samuel Price (671) 477-8954	07/01/84- 06/30/85			$22,566** $22,566 (HS) $35,000 (426) $35,400 (HDS)	This project will develop an Information Management System (IMS) for clients and human services providers in Guam, Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Republic of Palau, and Republic of the Marshall Islands. The IMS will be instrumental in meeting the service needs of the elderly and other target population groups in the Western Pacific Region.
900J1029 AMERICAN PLANNING ASSOCIATION, CHICAGO, ILLINOIS REVISING ZONING CODES TO ENCOURAGE HOME OCCUPATIONS Judith Getzels (312) 955-9100 x202	09/30/84- 05/31/85			$7,000** $7,000 (ADD) $14,288 (HDS)	The American Planning Association (APA) proposes to prepare a report for local government officials, planners, and zoning administrators to help them design up-to-date zoning ordinances governing home occupations. This activity will benefit various populations of which the elderly is one target group. Data on current practice will be collected from a national sample of over 1,000 planning agencies that subscribe to APA's Planning Advisory Service, from businesses and industries that conduct home-based work programs, from organizations that represrnt home-based workers, and from universities.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90DJ0075 UNIVERSITY OF MINNESOTA, MINNEAPOLIS, MINNESOTA NATIONAL STUDY OF RESIDENTIAL SERVICES FOR ELDERLY DD PERSONS Robert Bruininks (612) 373-7567	09/30/84- 12/31/85			$48,950** $48,950 (ADD)	The purpose of this project is to collect national data on the services available and/or needed by elderly DD persons in the residential care systems and to describe individual state policies affecting this population in order to develop a national status report and to provide recommendations for future policies and programs for the elderly Developmentally Disabled. This project is co-sponsored with the Administration for Developmental Disabilities.
90DJ0076 INDEPENDENT LIVING, INC. NEW CASTLE, DELAWARE ELDERLY VOLUNTEERS Stephen Golding (302) 322-4169	09/01/84- 08/31/85			$5,000**	The purpose of this project is to demonstrate, on a small scale for national replication, that elderly volunteers residing in HUD Section 8 rent assisted apartments can be trained to provide services and support which will permit developmentally disabled adults to live successfully in the community.
90DJG081 EAST LOS ANGELES RETARDED CITIZENS' ASSOC., INC., L.A., CA. ADMINISTRATION OF SERVICES FOR AGED DEVELOPMENTALLY DISABLED PERSONS Herman Fogata (818) 580-8620	09/30/84- 09/29/85			$57,150** $60,000 (ADD)	This project will establish a specialized delivery system for services and resources to the aged DD persons. A multipurpose center will deliver and coordinate health care, housing and other supportive services. Interagency agreements will be developed and two group homes will be created. Project will servicew 100 persons. This project is jointly funded by the Administration on Aging and the Administration for the Developmental Disabled.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90CJ0052 COUNTY OF SAN MATEO, REDWOOD, CA CALIFORNIA COMMUNITY ORGANIZATION MANAGEMENT PROGRAM (CAL - COMP) Marick Payton (415) 363-4473	12/31/82- 04/30/84		$54,000 $36,000 (ADD) $135,000 (ACYF)	$12,144	The CAL-COMP will implement low-cost automated agency management functions through an inter-agency collaboration. It will include fiscal management, client/service data management.
90CJ0077 HAWKEYE AREA COMMUNITY ACTION PROGRAM, CEDAR RAPIDS, IOWA ELDERLY CHILD CARE PROJECT Don Maniccia (319) 366-7631	09/30/84- 09/29/85			$20,000**	This Elderly Child Care Project will demonstrate the feasibility of establishing a self-sustaining low cost, high quality rural in-home day care program for improperly supervised pre-home and school-age children. 50 Elderly persons will be recruited and trained to provide this service for 100 children.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

LONG TERM CARE	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
LONG TERM CARE GERONTOLOGY CENTERS					
90AL0010 MEDICAL COLLEGE OF WISCONSIN, MILWAUKEE, WI LONG TERM CARE GERONTOLOGY CENTER Fred Tavill (414) 257-6436	09/30/79- 09/29/85		$514,985	$54,167	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AL0011 TEMPLE UNIVERSITY, PHILADELPHIA, PA LONG TERM CARE GERONTOLOGY CENTER Evan Sorber (215) 787-6705	09/30/81- 09/29/85		$151,400 $360,600	$108,285	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AL0012 UNIVERSITY OF UTAH, SALT LAKE CITY, UT LONG TERM CARE GERONTOLOGY CENTER Cecil Samuelson (801) 581-8198	05/01/82- 07/31/87	$99,301	$24,955 $324,576		The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

LONG TERM CARE	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AL0014 THE UNIVERSITY OF TEXAS HEALTH SCIENCE, DALLAS, TX TEXAS LONG TERM CARE GERONTOLOGY CENTER PLANNING GRANT Laura Wilson (214) 688-2820	10/01/82-09/30/87	$97,301	$349,992		The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2152 UNIVERSITY OF WASHINGTON, SEATTLE, WA PACIFIC NORTHWEST LONG TERM CARE CENTER Edgar Borgatta (206) 543-8726	09/30/79-09/29/85	$573,553		$487,438	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2154 UNIVERSITY OF KANSAS, KANSAS CITY, KS LONG TERM CARE GERONTOLOGY CENTER Russell Mills (913) 588-1203	09/30/79-09/29/85		$476,659	$54,167	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

LONG TERM CARE	START AND END DATES	FUNDING FY 1982	 FY 1983	 FY 1984	ABSTRACT
90AT2155 TRUSTEES OF COLUMBIA UNIVERSITY, NEW YORK, NY CENTER FOR GERIATRICS AND GERONTOLOGY/LONG TERM CARE Barry Gurland (212) 781-0600	09/30/79-09/29/85	$573,695		$487,500	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2157 UNIVERSITY OF SOUTH FLORIDA, TAMPA, FL SUNCOAST GERONTOLOGY CENTER FOR HEALTH AND LONG TERM CARE Eric Pfeiffer (813) 974-4355	09/30/79-09/29/85	$573,698		$487,500	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2164 BROWN UNIVERSITY, PROVIDENCE, RI SOUTHEASTERN NEW ENGLAND LONG TERM CARE GERONTOLOGY CENTER Sidney Katz (401) 863-3489	09/30/79-09/29/85	$573,344		$487,594	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
90AT2166 UNIVERSITY OF ARIZONA, TUCSON, AZ LONG TERM CARE GERONTOLOGY CENTER Theodore Koff (602) 626-4854	09/30/79-09/29/85		$514,898	$54,167	The LTC Gerontology Centers represent the interests of educational institutions, States and combined communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

LONG TERM CARE	START AND END DATES	FUNDING FY 1982	 FY 1983	 FY 1984	ABSTRACT
90AT2167 REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES, CA UCLA/USC LONG TERM CARE GERONTOLOGY CENTER John Beck (213) 825-8255	09/30/79- 09/29/85	$573,521		$487,422	The LTC Gerontology Centers represent the combined interests of educational institutions, States and communities, and the Federal government, in better serving the chronically ill and functionally impaired elderly through concerted programs of research, training, service model development and technical assistance.
LONG TERM CARE R&D TRAINING PROGRAM					
90AM0036 COLLEGE OF ST. SCHOLASTICA, DULUTH, MN PARENT-CARING: PROGRAM FOR FAMILIES AND PROFESSIONALS Chandra Mehrotra (218) 723-6161	09/30/82- 10/31/84	$63,737		$45,439	The objective is to organize a two-year training program of preventive and support services for those interested in caring for their aging parents at home and for health and social service personnel who work with these families.
90AM0046 PACIFIC NORTHWEST LONG TERM CARE CENTER, UNIVERSITY OF WASHINGTON, SEATTLE, WA FAMILY SUPPORT: A PREVENTIVE APPROACH Rhonda Montgomery (206) 543-8727	10/01/82- 01/31/85	$133,053		$97,333	The objective is to determine whether family support strategies which increase family resources can serve as an effective incentive to encourage families to retain the primary responsibility for the care of their elderly relatives.
LONG TERM CARE CHANNELING DEMONSTRATION					
HHS-100-80-0136 STATE OF FLORIDA, MIAMI, FLORIDA CHANNELING DEMONSTRATION SITE Corrine Sharpe (904) 488-8922	09/25/80- 03/31/85	$1,079354 (AoA) $932,896 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

LONG TERM CARE	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
HHS-100-80-0138 STATE OF KENTUCKY, FRANKFORT, KY. CHANNELING DEMONSTRATION SITE Marge Brock (502) 564-6930	09/25/80- 12/31/84		$700,000 (HCFA)		This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planniug, and case management.
HHS-100-80-0139 STATE OF MAINE, PORTLAND, MAINE CHANNELING DEMONSTRATION SITE Dorothy Fabian (207) 289-2561	09/25/80- 12/31/84	$600,839 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0146 STATE OF PENNSYLVANIA, PHILADELPHIA, PENNSYLVANIA CHANNELING DEMONSTRATION SITE Dick Hoke (717) 787-1171	09/25/80- 03/31/85	$210,672 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0157 MATHEMATICA POLICY RESEARCH, PRINCETON, NJ EVALUATION OF THE NATIONAL LTC CHANNELING DEMONSTRATION George Carragno (609) 799-2600 x2202	09/30/82- 03/30/85	$3,200,000	$1,890,000 (AoA) $3,523,043 (HCFA) $1,000,000 (ASPE)		The objective of this contract is to evaluate the interventions in terms of service utilization, impacts on clients and informal supports and costs.
HHS-100-80-0140 STATE OF MARYLAND, STATE OFFICE ON AGING, BALTIMORE, MD CHANNELING DEMONSTRATION SITE Susie Bosstick (301) 383-2100	9/30/80- 3/30/85	$731,088 (HCFA)			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.

LIST OF ACTIVE CONTRACTS
Under Title IV of the Older Americans Act

LONG TERM CARE	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
HHS-100-80-0141 STATE OF MASSACHUSETTS, DEPARTMENT OF ELDER AFFAIRS, LYNN, MA GREATER LYNN CHANNELLING DEMONSTRATION SITE Barbara Wethers (617)727-5963	09/30/80- 03/30/85	$496,118 (HCFA)	$398,914 (HCFA)		This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0143 STATE OF NEW JERSEY, DEPARTMENT OF HUMAN SERVICES, MIDDLESEX, NJ CHANNELING DEMONSTRATION SITE Michael Laracy (609) 292-1616	09/30/80- 03/30/85	$1,002,283 (HCFA)	$79,000 (HCFA)		This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0144 STATE OF NEW YORK, OFFICE FOR THE AGING, RENSSELAER, NY CHANNELING DEMONSTRATION SITE Dave Murray (518) 474-8388	09/30/80- 03/30/85	$729,693 $991,246			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0145 STATE OF OHIO, COMMISSION ON AGING, CUYAHOGA, OH CHANNELING DEMONSTRATION SITE Larry Macintosh (614) 466-9927	09/30/80- 03/30/85	$903,883 $860,910			This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.
HHS-100-80-0147 STATE OF TEXAS, DEPARTMENT OF HUMAN RESOURCES, HOUSTON, TX CHANNELING DEMONSTRATION SITE Sharon Boatman (512) 835-0440	09/30/80- 03/30/85	$1,068,490 $759,015 (HCFA)	$250,000 (HCFA)		This program is designed to test whether Channeling is a cost-effective method to develop, coordinate and manage long term care services in non-institutional settings. Channeling denotes systematic client assessment, care planning, and case management.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0100 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CA. CAREER TRAINING IN EDUCATION AND TRAINING David Peterson (213) 743-5156	10/1/83- 01/31/85		$99,966*		The project provides for the design and implementation of graduate level course work in adult education which integrates preparing both community professionals and students in facilitating learning experinces for older persons. A demonstration education center at two local community colleges will be created. Through this center, learning experiences and field work experiences would be offered to graduate students while older people are learning health promotion and disease prevention knowledge and skills. The results of the project will be a continuing program of graduate instruction, an academic partnership with the Aging Network, and 200 older persons who have learned about protecting their health.
90AT0101 SYRACUSE UNIVERSITY, SYRACUSE, NEW YORK NEW DIRECTIONS IN GERONTOLOGY TRAINING Neal Bellos (315) 423-4683	10/01/83- 02/28/85		$90,000*		The project objectives include development and implementation of a training program for professional and volunteers in United Way and Health Systems Agencies and managers in commerce and industry; and establishing of a state agency advisor to scientists and engineers on aging issues.
90AT0102 COUNCIL ON SOCIAL WORK EDUCATION, NEW YORK, NEW YORK INFUSING AGING CONTENT INTO SOCIAL WORK EDUCATION CURRICULA Robert Schneider (212) 242-3800	10/01/83- 12/31/84		$99,897*		The project objectives include assessment of competencies and skills needed by social workers in working with older people, identification of curricula needs and best practice coursework and learning modules meeting these needs, dissemination of findings, conduct of family development, development of standards for student field placements and preparation of a continuing education program. Includes compilation of case studies of programs promoting career ladders.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0103 WAYNE COUNTY COMMUNITY COLLEGE, DETROIT, MICHIGAN TRAINING FOR VOLUNTEERS AND PROFESSIONALS IN LAW ENFORCEMENT Esther Howell (313) 497-2640	09/30/83- 02/28/85		$100,000*		The purpose of this grant is to sensitize law enforcement professionals, their volunteers and students to the special problems of the elderly thereby maximizing positive relationships with the elderly in their law enforcement activities. A course will be integrated within the police departments and the Criminal Justice and Law Enforcement Administration Programs at the College.
90AT0104 PUERTO RICO OCCUPATIONAL THERAPY ASSOCIATION, SAN JUAN, PUERTO RICO GERIATRIC TRAINING PROJECT Maria de Torregrosa (808) 783-7953	09/30/83- 01/31/85		$20,000*		The project is to provide occupational therapists and therapy aides and other health professionals practical relevant experiences to strengthen knowledge and develop new skills in the geriatric field. The training will stress primary prevention and early intervention to ameliorate and delay the effect of the aging process. Four residential workshops and one evaluation workshop will be conducted.
90AT0106 SAN DIEGO STATE UNIVERSITY, SAN DIEGO, CALIFORNIA GERONTOLOGY IN ACCREDITED LAW ENFORCEMENT TRAINING Percil Stanford (619) 265-6765	09/30/83- 12/30/84		$49,947*		The goal of this project is to develop, train, and acquire accreditation for a training program about aging and the elderly for police officers from the Office of Policy Officers Standards and Training and to disseminate the training program nationwide. The San Diego Policy Department proposes to train 225 personnel as part of this project.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0107 U.S. CONFERENCE OF MAYORS, WASHINGTON, D.C. GERONTOLOGICAL TRAINING FOR CITY/LOCAL OFFICIALS Larry McNickle (202) 293-6814	09/30/83- 11/29/84		$99,990*		The goal of this project is to provide gerontological training to local officials and personnel of city governments. It will use existing materials developed previously by the grantee with AoA model project support and the training networks of both the grantee and sub-grantee (University of Maryland).
90AT0108 UNIVERSITY OF TEXAS, ARLINGTON, TEXAS CROSS -CULTURAL TRAINING - HISPANIC Steven Applewhite (817) 273-3407	09/30/83- 12/31/84		$74,999*		The project meets the need for cross-cultural professional training related to older Hispanics by providing seminars and a training manual on cross-cultural service delivery curricula to educators and trainers. Six bilingual professionals will be trained to serve the Hispanic elderly.
90AT0109 HOWARD UNIVERSITY, WASHINGTON, D.C. GERONTOLOGICAL TRAINING INSTITUTE Sharland Reed (202) 636-7470	09/30/83- 09/30/85		$78,807*		This project will initiate curricula, courses and training content in social sciences and health areas on aging. The project seeks to prepare professionals in social work, law, medicine, dentistry, architecture, human ecology, business, public administration, nursing, allied health and adult education for working with minority aged.
90AT0110 AMERICAN OPTOMETRIC ASSOCIATION, WASHINGTON, D.C. CONTINUING EDUCATION IN GERIATRIC OPTOMETRY John C. Whitener (202) 484-9400	09/30/83- 02/28/85		$99,215*		The project goal is to improve the provision of vision care for the elderly through development of continuing education training modules for practicing optometrists. Training will include familiarization with the normal processes of aging, aging network services, patient communication and vision problems prevalent among the elderly. Accreditation will be sought for Continuing Education Units at state and regional congresses of the Association and schools of optometry.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0111 GRAMBLING STATE UNIVERSITY, GRAMBLING, LOUISIANA GERONTOLOGICAL TRAINING William Polland (318) 274-2369	09/30/83-11/30/84		$74,988*		The project involves the training of service providers, volunteers, students and family members of older persons to reduce dependency and prevent premature institutionalization. Efforts will be made to strengthen curricula and field experiences of human service and related areas of concentration. Financial assistance to be provided to students in gerontology related fields.
90AT0112 NATIONAL HISPANIC COUNCIL ON AGING, SILVER SPRING, MARYLAND NHCoA ANNUAL INSTITUTE Juan Paz (301) 443-6740	03/03/84-06/30/84			$5,000	A grant to the National Hispanic Council on Aging to support a one day Institute. The timing and locating coincide with the annual meeting of the Western Gerontological Society. The Institute will consist of a one day of round table discussions, issue definition sessions, seminars, and workshops related to the Hispanic elderly.
90AT0113 SOUTHSIDE VIRGINIA COMMUNITY COLLEGE, ALBERTA, VIRGINIA MODEL TRAINING PROJECT FOR FAMILY CAREGIVERS Joan Wood (804) 949-7111	09/30/84-02/28/86			$49,238**	The purpose of this project is to continue development of paraprofessional training for home-care providers of rural minority elderly. Activities include: 1) preparation of short term training for 10 churches and community groups; 2) adaptation of "As Parents Grow Older" (training materials) for rural minority aging, 3) implementation of training in 5 locations with 12 trainees each; 4) evaluation of pilot training and 5) preparation of a training package for dissemination. Student tuition support is included.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0114 PIEDMONT TECHNICAL COLLEGE, ROXBORO, NORTH CAROLINA GERIATRIC CARE SPECIALIST PROGRAM Jean Andrews (919) 599-1181	09/30/84- 01/31/86			$39,096**	The purpose of this project is to develop a 12 month vocational diploma program in geriatric care for paraprofessionals in allied health. Activities include development and implementation of a curriculum and enrollment of 20 students in the Geriatric Care Specialist program. The goal is to graduate and place in employment at least 80% of all enrolled students in domicillary care facilities within a 50 mile radius of the school. No student support is included.
90AT0115 VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY, BLACKSBURG, VA. COORDINATED CAREER PREPARATION TARGETING THE RURAL ELDERLY William McAuley (703) 961-7657	09/30/84- 12/30/85			$97,715**	The purpose of this project is to expand campus-wide short and long term training activities that focus on the lives of the rural elderly. Activities include: 1) development of new courses in family and child development, public administration and housing; 2) field experiences in nutrition and social gerontology, and 3) development of a multi-media training package for volunteer development in human service agencies appropriate for one and off campus audience. No student support is included.
90AT0116 AMERICAN ASSOCIATION FOR COUNSELING & DEVELOPMENT, ALEX., VA CONTINUING EDUCATION IN AGING FOR PROFESSIONAL COUNSELORS Sharon Alexander (703) 823-9800 x270	09/01/84- 08/31/85			$89,899**	This project will train 60 certified professional counselors in the needs of older people and techniques for providing counseling assistance to the elderly. The 60 participants will attend 5 regionalized training programs. Each participant will develop and implement a plan for the conduct of at least two local training workshops. It is anticipated that each local workshop will be attended by at least 25 practitioners and that the project will ultimately train 3,000 counselors.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0117 COLUMBIA UNIVERSITY, NEW YORK, NEW YORK CONTINUING MEDICAL EDUCATION IN LONG TERM CARE SERVICES FOR PRIMARY CARE PHYSICIANS Ruth Bennett (212) 781-0600	09/01/84- 10/31/85			$61,873**	The project is to increase the knowledge of primary care physicians regarding community services appropriate to the long term care needs of the frail elderly. Case seminars will be used for physicians collaobrating with other meedical and nonmedical practitioners to identify the needs of the frail elderly as well as the availability of, and access to community services to meet those needs. Curriculum materials will include a community-specific directory of programs for the aged.
90AT0118 UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION, LEXINGTON, KENTUCKY OLDER VOLUNTEERS FOR IN-SERVICE GERONTOLOGY TRAINING Don Hendrick (606) 257-6895	09/30/84- 09/29/85			$105,113**	The project is to utilize the volunteer services of retired professionals to link gerontological knowledge with community service agencies. Training materials will be developed in five priority areas. Thirty-six older volunteers will be trained by university faculty to provide 45 workshops to aging practitioners in every PSA in the state. Project should provide a national model to utilize retired professionals as trainers for aging network services and personnel.
90AT0119 BETH ABRAHAM HOSPITAL, NEW YORK, NEW YORK WELL ELDERLY AS VOLUNTEERS HELPING MENTALLY IMPAIRED PERSONS Ellen Simon (212) 920-6018	09/30/84- 09/29/85			$59,464**	The project is to provide a corps of volunteers trained by a highly skilled group of professionals to serve mentally impaired and Alzheimer patients. Training consists of 4 sessions per week for 8 weeks by the hospital's medical, dietary, therapetic recreation, adult day care, and community services staff. Thirty persons will be trained and a field tested curriculum will be produced and made available for general use.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0120 COUNCIL ON SOCIAL WORK EDUCATION, NEW YORK, NEW YORK CONTINUING EDUCATION FOR GERONTOLOGICAL CAREERS Margaret Gilbelman (212) 242-3800	09/01/84- 01/31/86			$148,305** $15,000	This project will develop, pilot test and disseminate continuing education programs to prepare social workers and related professionals for careers in aging and enhance the skills of aging network personnel. Then discrete learning modules will be developed and pilot tested in 10 locations. Some 500 instructors will be provided direct training. Curricula, case studies and other training materials will be disseminated to the continuing education network. Technical assistance in the use of these materials will be provided.
90AT0121 NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, D.C. KNOWLEDGE OF THE OLDER AMERICANS ACT Daniel Quirk (202) 484-7182	09/30/84- 06/30/85			$61,543**	The project is to enhance knowledge and understanding of the Older Americans Act. The manual, Orientation to the Older Americans Act, is to be updated and republished to provide an accurate desk reference for professionals. The Manual will serve also as a source of information for the development of reports, Congressional testimony, position papers, and for individualized learning. Three abbreviated versions will be developed, designed to orient geriatric physicians, hospital discharge planners, and nursing home administrators.
90AT0122 THE GERONTOLOGICAL SOCIETY OF AMERICA, WASHINGTON, D.C. FELLOWSHIP PROGRAM IN APPLIED GERONTOLOGY Andrian Walter (202) 393-1411	10/01/84- 09/30/85			$93,528**	The project places postdoctoral academics in aging agencies to help solve actual problems, to provide training for aging staff, and to provide academics with practical experience in the field of aging. Twelve fellows will be supported by the project. The project is designed to foster collaboration between the academic community and service providers.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0123 CHEROKEE NATION OF OKLAHOMA, TAHLEQUAH, OKLAHOMA NUTRITION EDUCATION INTERVENTION FOR INDIAN DIABETICS Donna Hutten (918) 456-0671	09/30/84- 09/29/85			$32,562**	The purpose of this project is to improve the health of older Indian diabetics through nutrition education. The education provided will help the elderly diabetic to stay in control of his/her blood glucose level by increasing adherence to a culturally and medically accpetable diet and exercise regime.
90AT0124 UNIVERSITY OF MISSOURI-COLUMBIA, COLUMBIA, MISSOURI MEDICATION ADMINISTRATION TRAINING Harley Schlicting (314) 882-2883	09/01/84- 08/31/85			$31,553**	This project is to develop a career education program for medication technician. The University of Missouri, the Missouri Division of Aging, and the Missouri Department of Elementary and Secondary Education are to train 300 persons employed by the Adult Board and Residential Care Facilities to meet State certification requirements for the position of Level I Medication Technician. Student tuition support is included.
90AT0125 RESEARCH FOUNDATION/SUNY, OLD WESTBURY, NEW YORK OLD WESTBURY'S GERONTOLOGY TRAINING PROGRAM Harvey Catchen (516) 876-3042	09/03/84- 02/28/86			$40,424**	The purpose of this grant is to facilitate the establishment of an undergraduate interdisciplinary gerontology training program for health care professionals and mental health counselors. The program will provide training to current employees of institutions and agencies serving the elderly population of Nassau County and individuals who want to enter the field. Both degree granting and continuing education options will be available to students.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0126 ADELPHI UNIVERSITY, GARDEN CITY, NEW YORK LIBRARY BASED INFORMATION REFERRAL SERVICES TRAINING Risha Levinson (516) 560-8098	09/30/84- 12/31/85			$115,428**	Adelphi University School of Social Work together with the Palmer School of Library Science will implement an interdisciplinary degree gerontological training program in information and referral services. Training of 24 elderly volunteers is a program component. A training manual wil be a project result.
90AT0128 UNIVERSITY OF SOUTHERN MISSISSIPPI, HATTIEBURG, MS A MULTI-DISCIPLINARY LABORATORY APPROACH TO GERONTOLOGY Kermeta Clayton (601) 266-4691	09/30/84- 02/27/86			$122,373**	The purpose of this project is to establish an interdisciplinary gerontology minor at the undergraduate and graduate levels. A day care center for "well elderly" is being established to serve as a practicum laboratory and will provide a model for other postsecondary institutions establishing similar programs. A report describing the model is to be disseminated nationally.
90AT0133 THE NATIONAL CAUCUS & CENTER ON BLACK AGED, INC. , WASH., D.C. MINORITY MANAGEMENT TRAINING AND DEVELOPMENT PROGRAM Samuel Simmons (202) 637-8400	09/30/84- 12/30/85			$200,000**	This project continues to provide management training (12 months) for minority individuals by placing them in participating host agencies within the aging network and private sector agencies. The objective is to increase the number of minorities available for employment in the aging network and promote the placement of minorities as program managers.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0134 WESTERN GERONTOLOGICAL SOCIETY, SAN FRANCISCO, CALIFORNIA EDUCATION IN AGING FOR SCIENTISTS AND ENGINEERS Martha Holdstein (415) 543-2616	09/30/84- 02/28/86			$120,203**	The purpose of this project is to develop a short term training program for scientists and engineers to stimulate adaptation and application of existing technology to improving the lives of the elderly. It includes the involvement of the American Association for the Advancement of Science, the Human Factors and the Federal Laboratories Consortium in the development and presentation of training seminars which will sensitize participants on aging issues and alert them to areas appropriate for intervention.
90AT0136 UNIVERSITY OF PUERTO RICO, SAN JUAN, PUERTO RICO GERONTOLOGY GRAINING AND PRACTICE CENTER Elizabeth Sanchez (809) 763-2545	09/30/84- 02/28/86			$139,028**	The purpose of this project is to develop a training and practice center that will serve as a teaching laboratory for interdisciplinary health teams that will provide health maintenance service to 350 well elderly; and to establish a Gerontology Training Program Collection to serve as instructional and reference materials in the area of gerontology and geriatrics. Tuition support is not included.
90AT0137 DENVER REGIONAL COUNCIL OF GOVERNMENTS, DENVER, COLORADO OLDER WORKER TRAINING AND EMPLOYMENT PROGRAM Susan Aldridge (303) 455-1000	09/30/84- 09/29/85			$62,189**	The primary purpose of the project is to develop job opportunities for older adults. Twenty-five workers will be trained and placed as home energy auditors in a Public Service Company and 25 older workers as telephone equipment repair persons in telephone companies. A replicable model for teaching older persons to develo and avail themselves of such employment opportunities should be developed.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0138 UNIVERSITY OF HAWAII AT MANOA, HONOLULU, HAWAII HEALTH-RELATED GERIATRIC/GERONTOLOGICAL TRAINING IN SOCIAL WORK Daniel Sanders (808) 948-7182	09/01/84- 01/31/86			$117,061**	The purpose of the project is to prepare social work students and professionals in geriatric/gerontological Social work with special emphasis in working with rural and urban multicultural aging populations. Health care issues will be utilized as an organizing theme. A graduate social work curriculum with medical-health components will be developed. Limited student financial support is provided.
90AT0139 UNIVERSITY OF TEXAS, ARLINGTON, TEXAS TRAINING THE HISPANIC ELDERLY Steven Applewhite (817) 273-3407	09/30/84- 09/28/86			$124,810**	This project is to design and implement a model training program for older Hispanics to increase their leadership skills, voluntarism and life-coping resources; and to develop a model for integrating university and aging network resources in the training of future professionals through an internship program (field unit). Stipend support for five students is included.
90AT0140 WASHINGTON UNIVERSITY, ST. LOUIS, MISSOURI MASTERY-BASED CURRICULUM UTILIZATION FOR GERIATRIC CASE PRACTICE: AN APPROACH TO GERONTOLOGICAL TRAINING IN SOCIAL WORK Joel Leon (314) 889-6682	09/01/84- 01/31/85			$75,000**	The project is to establish a model for competency based training for social work students interested in working with the elderly. The student will use existing curriculum to develop and demonstrate specific areas of competence. Field placements will be in continuum of health care settings such as hospitals, home health agencies, nursing homes and hospices. The project will establish a curriculum and field placements, and provide limited financial support for an initial cohort of students.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0142 ASOCIACION NACIONAL PRO PERSONAS MAYORES, LOS ANGELES, CALIFORNIA HISPANIC GERONTOLOGICAL INTERNSHIP PROGRAM Carmela Lacayo (213) 487-1922	10/01/84- 09/30/85			$135,054**	The purpose of this project is to provide a six month management training program for Hispanics by placing them in participating host agencies within the aging network and private sector agencies. The objective is to increase the number of Hispanics available for employment in the field of aging and promote the placement of Hispanics as program managers. Stipend support for eight students is included.
90AT0143 NORTH TEXAS STATE UNIVERSITY, DENTON, TEXAS DEVELOPMENT OF A STANDARDIZED CONTINUING EDUCATION MODEL IN GERONTOLOGY Cora Martin (817) 565-2765	09/30/84- 02/28/86			$58,500**	This project will identify and resolve issues in the implementation of a standardized continuing education certificate to be offered by two and four year colleges and universities with gerontology programs for staff in, the aging services system in the state of Texas. This standardization will provide for the trainees a planned course of part-time study and a coherent curriculum that will have credibility with employers.
90AT0144 JEWISH HOSPITAL OF ST. LOUIS — WASHINGTON U., ST. LOUIS, MO. CREATIVE EDUCATIONAL OPPORTUNITIES FOR OLDER ADULTS Marylen Mann (314) 533-5336	09/01/84- 01/31/86			$120,018**	The project provides educational services to older adults through volunteer training and educational programs in the areas of arts, humanities, and health education. It will train seventy-give volunteers as program presenters, evaluators, and group discussion leaders to assist in classes held at OASIS centers located in Famous-Barr department stages. Curriculum materials will also be developed for use in all OASIS centers.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0145 AMERICAN ASSOC OF COLLEGES OSTEOPATHIC MEDICINE, ROCKVILLE, MD COMPETENCIES FOR OSTEOPATHIC MEDICAL STUDENTS IN CARE OF AGING PATIENTS Anthony McNevin (301) 468-0990	09/30/84- 02/28/86			$114,508**	The purpose of this project is to implement a gerontological/geriatric curriculum for osteopathic medical students throughout the nation. Competencies will be identified, tested, modified, and designed for inclusion in the undergraduate curricula of at least 10 of the 15 Colleges of Osteopathic Medicine in the United States. Development and testing of curriculum materials will be performed under contract with the Ohio University College of Osteopathic Medicine.
90AT0079 SOUTHSIDE VIRGINIA COMMUNITY COLLEGE, ALBERTA, VIRGINIA TRAINING PARAPROFESSIONALS Joan Wood (804) 949-7111	10/01/83- 01/31/85		$49,894*		The purpose of this project is to bridge the service gap between institutionalization and family care for rural minority elderly by providing a pool of 60 home-care providers trained to meet medical reimbursement criteria. A training package will be developed and disseminated for use in other similar rural areas.
90AT0080 AMERICAN INSTITUTE OF ARCHITECTS FOUNDATION, WASHINGTON, D.C. ARCHITECTURAL DESIGN FOR THE AGING: PROFESSIONAL TRAINING Alexander Shaw (202) 626-7500	09/01/83- 07/31/85		$95,002*		The purpose of the project is to improve the ability of practicing architects to meet the environmental needs of the elderly. Objectives include the development and dissemination of a design guide, implementation of an information system reaching architects and aging service professionals, and development of a continuing education program using materials developed under the grant.
90AT0081 NEW MEXICO STATE UNIVERSITY, LAS CRUCES, NEW MEXICO INSTITUTE FOR GERONTOLOGICAL RESEARCH AND EDUCATION Stephanie Fallcreek (505) 646-4124	10/01/83- 02/28/85		$89,999*		The multiple goals of this project include: 1) the development of aging content in coursework, 2) faculty training in gerontology, and 3) provision of continuing education and assistance to community groups.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0082 UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, LITTLE ROCK, ARK. UNDERGRADUATE CURRICULUM AND RESIDENCE, PROGRAM IN GERIATRIC PHARMACY Walter Morrison (501) 661-5557	10/01/83- 08/31/85		$83,421*		The project will develop a core curriculum in geriatric pharmacy practice, which will satisfy the minimal needs of geriatric pharmacy, and an accompanying instructional manual. In addition, a continuing professional education program will be put in place, along with a geriatric consultation residency program in collaboration with the American Society of Consultant Pharmacists.
90AT0083 AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, ROCKVILLE, MARYLAND THE ROLE OF OCCUPATIONAL THERAPY WITH THE ELDERLY Martha Kirk (301) 948-9626	10/01/83- 02/28/85		$108,944*		The project objectives include assessment of the knowledge, skills and competencies needed by occupational therapists in working with older people in different settings; design and development of a curriculum that meets these needs, and dissemination of educational materials to individuals and institutions. Grantee is assuming responsibility for disseminating materials after project completion.
90AT0084 WEBER STATE COLLEGE, OGDEN, UTAH IMPROVING THE EFFECTIVENESS OF SOCIAL SERVICE TO OLDER AMERICANS Jerry Borup (801) 626-6241	09/01/83- 01/31/85		$75,063*		The project objectives include continued development of the grantee's statewide gerontology program by extension into health care, mental health, business, education and law enforcement professions. Implementation involves cooperative efforts of Utah State Division on Aging, local area agencies on aging and the grantee. Partial tuition and fee support is provided for 25 students.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0085 UNIVERSITY OF SOUTHERN MAINE, PORTLAND, MAINE GERONTOLOGY TRAINING FOR ADULT EDUCATORS Willard Callender (207) 780-4430	10/01/83- 02/28/85		$69,784*		The project modifies an existing Adult Education program by introducing aging related coursework, developing an optional specialization in gerontology, increasing faculty awareness and knowledge in aging and establishing linkages to state and local service systems. Grantee will host a New England Regional Workshop for adult educators and disseminate a handbook and resource book on educational gerontology.
90AT0087 OHIO COLLEGE OF PODIATRIC MEDICINE, CLEVELAND, OHIO MAINTAINING MOBILITY THROUGH FOOT CARE James Conforti (301) 984-9350	10/01/83- 10/31/84		$38,912*		The purpose of this project is: 1) to provide information to nurses, aides, social workers and professionals in health care including physicians and podiatrists on the maintenance of foot care by older persons; 2) to encourage and stimulate utilization of this information for the improvement of foot care by older persons; and 3) to help maintain the mobility and self sufficiency of older persons.
90AT0088 LANGING COMMUNITY COLLEGE, LANSING, MICHIGAN COMMUNITY GERONGOLOGY LABORATORY Ellen Sullivan (5170) 483-1179	10/01/83- 01/31/85		$75,000*		This project will demonstrate a model for community cooperation in gerontology training with the community college as its hub. The model links aging service providers and community caregivers through the establishment of a community-based system for development, consolidation, dissemination and evaluation of training resources in one Planning Service Area.
90AT0089 WESTERN MICHIGAN UNIVERSITY, KALAMAZOO, MICHIGAN INTEGRATED GERONTOLOGICAL IMPROV IN P.A. EDUCATION Norman Johnson (616) 383-1636	10/01/83- 05/30/85		$46,265*		The goal of this project is to develop and integrate into the Physician Assistant's curriculum approximately 25 didatic and 40 clinical hours of content on health care of older persons.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0090 OREGON STATE UNIVERSITY, CAMPUS, OREGON GERONTOLOGY TRAINING PROGRAM FOR PRACTICING PHARMACIST EDUCATORS Thomas Vorce-West (503) 225-8007	10/01/83- 05/31/85		$58,092*		The purpose of this project is to develop a model continuing education training program for practicing pharmacists in the State of Oregon. Objectives include development and evaluation of modular learning materials and design and conduct of a workshop that will reach 100 practicing pharmacists under the grant with activities self-sustaining after grant expiration.
90AT0092 STATE OF ALASKA/OLDER AMERICANS COMMISSION, JUNEAU, ALASKA RURAL AND REMOTE ALASKA John Wolfe (907) 465-3250	09/31/83- 09/29/85		$100,000*		The goal of the project is to enhance the quality of life of rural and remote elderly Alaskans through a local (village) volunteer corp which will deliver services to the elderly in an interactive mode using the states existing telecommunications system. Project activities include (1) adapting/designing audio-video modules, (2) developing a curriculum package for training volunteers; and (3) recruiting and training a volunteer copr. Work will be performed by the Institute of Social and Economic Research, Department of Rural Education and Instructional Television Center; all units of the University of Alaska.
90AT0094 AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS, ARLINGTON, VIRGINIA ASSESSMENT AND IMPROVEMENT OF KNOWLEDGE AND SKILLS IN GERIATRICS FOR PHYSICAN ASSISTANTS Gretchen Schafft (202) 525-4200	10/01/83- 02/28/85		$100,000*		The project objectives are to identify current knowledge and skill needs of physican assistants in working with older people, to identify curricula content matching these needs, develop modular curricula where needed, and disseminate results. Dissemination utilization activities include development of self-assessment examination questions, continuing education workshops and self-paced learning modules.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0095 AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION, ROCKVILLE, MARYLAND GERONTOLOGICAL TRAINING James Gelatt (301) 897-5700	10/01/83- 02/28/85		$75,000*		The project objectives include development of a looseleaf textbook, an information booklet and audiovisual materials for speech - language pathologists, audiologists, and Aging network personnel; and faculty development for pre-service and continuing education at regional and national professional meetings.
90AT0096 TRUSTEES OF COLUMBIA UNIVERSITY, NEW YORK, NEW YORK OCCUPATIONAL THERAPY GERONTOLOGY TRAINING Barbara Neuhaus (212) 694-3781	10/01/83- 02/28/85		$30,166*		The project objectives include introduction of a new course into existing Master's Degree Program and development of a field experience in a neighborhood senior center. The latter includes development of a group program for teaching the elderly to cope with potential problems affecting indpendent living.
90AT0097 NEW JERSEY DIVISION ON AGING, TRENTON, NEW JERSEY TRAINING BUSINESS MANAGEMENT IN AGING FACTORS Robert Muzyk (609) 292-3766	10/01/83- 02/28/85		$35,525*		The project objectives are to develop educational materials for use in training business management personnel on Aging factors, to publish a booklet based on these materials for statewide distribution and to conduct for 12 hour workshops for 180 business leaders. Older workers are expected to benefit from changed attitudes and behaviors of business managers exposed to training and intstructional materials.
90AT0098 FLORIDA A&M UNIVERSITY, TALLAHASSEE, FLORIDA GERONTOLOGY AS APPLIED SOCIAL SCIENCE Victor Warner (904) 599-3316	10/01/83- 06/30/85		$51,947*		The purpose of this project is to inrease the number of minority professionals in the aging field with applied Social Science knowledge. The long-term outcome is anticipated revitalization of graduate programs in Sociology through training current faculty and the development of activities for persons seeking new definitions of social behavior in their later years. Volunteer retirees will participate as resources in a seminar with the eldery.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

GERONTOLOGY CAREER PREPARATION PROGRAM	START AND END DATES	FUNDING FY 1982	 FY 1983	 FY 1984	ABSTRACT
90AJ1012 VOLUNTEER COUNSULTING GROUP, INC., NEW YORK, NEW YORK GERONTOLOGICAL/CHILD GOVERNANCE TRAINING SCHOOL FOR GERONTOLOGICAL/CHILD WELFARE MANAGERS Brooks Mahoney (212) 869-0800	09/30/83- 02/28/85		$37,500*(AoA) $37,500*(ACYF)		The project objectives include using private sector volunteers for skills training of purchase of service administrators, fiscal personnel and Boards of Directors. Scope includes accounting, budgeting, personnel, purchasing, real estate, insurance, fiscal systems, fundraising and Board of Directors recruitment for Gerontological and Child Welfare agencies.
90CJ0062 UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA. DEVELOPING INTERGENERATIONAL PROGRAMS JOINTLY WITH THE AGING AND CHILD CARE NETWORKS IN PENNSYLVANIA Sally Newman (412) 624-3109	10/1/83- 10/31/84		$16,264* $16,264 (HS)		The purpose of this project is to demonstrate in Pennsylvania the effectiveness of cooperation among program staff from aging and child care networks in developing intergenerational programs involving older adults and children. The project is expected to produce a direct, positive impact on the lives of older adults and young children and will also increase the knowledge and skills of staff in the aging and child care networks. Project is also degined to serve as a model for other states in promoting intergenerational programs.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

MINORITY RESEARCH ASSOCIATE PROGRAM	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0005 STATE UNIVERSITY OF NEW YORK, BUFFALO, NY MINORITY RESEARCH ASSOCIATE PROGRAM Lester Smith (716) 837-3834	07/01/80- 10/31/84		$7,000		The purpose of this project is to recruit minority social scientists for aging research. Training provided by the project includes: attending professinal conferences; reviewing literature in gerontology; conducting a comparative field study of Korean elderly in New York City and Los Angeles.
HHS-105-83-3201 ACKO, INC. BOULDER, CO TECHNICAL ASSISTANCE TO TITLE VI INDIAN GRANTEES Susan White (303) 444-3911	09/30/83- 09/29/85	$261,613	$181,435	$199,730	This contract provides training and on-site technical assistance to 83 Indian Tribal grantees under Title VI of the Older Americans Act. The purpose is to develop and maintain the capacity of the grantees to provide a comprehensive and coordinated system of supportive and nutritional services to older American Indians.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

NATIONAL CONTINUING EDUCATION AND TRAINING PROGRAM	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AT0020A UNIV. OF MISSOURI, ST. LOUIS, ST. LOUIS, MO (Formerly CEMREL) OLDER ADULT SERVICES (OASIS) Marylen Mann (314) 553-5336	08/01/80- 10/31/84	$169,766	$7,697 $7,500 $180,373	$8,500	The project "Older Adult Service of the University of Missouri-St. Louis" is to develop and demonstrate techniques of developing public/private partnerships using nontraditional community resources to provide informational, educational, and cultural services for older adults. Working with the Famous-Barr Department Stores in St. Louis and with other businesses and cultural, educational and service organizations, OASIS has designed, developed, and implemented the Older Adult Service and Information System (OASIS) in the Famous-Barr Stores. This effort calls for expansion of this activity, into Cleveland, Jacksonville, Baltimore and Los Angeles.
90AD0006 PHOENIX SYSTEMS, INC. SPENCER, IA INCREASING ORGANIZATIONAL VISIBILITY, CREDIBILITY, AND AVAILABLE RESOURCES Richard Ambrosius (605) 339-3221	03/01/83- 01/31/86		$124,463		This project is providing training to State and Area Agency personnel on ways to increase project efficiency and increasing contributions from project participants. The objective of this effort is to limit reductions in services caused by limited program resources.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
90AM0086 NORTH CAROLINA CENTRAL UNIVERSITY, DURHAM, NORTH CAROLINA EMPLOYMENT/INCOME GENERATION AMONG PUBLIC/PRIVATE MINORITY EMPLOYEES Lucille Bearon (919) 683-6240	09/01/84- 01/31/86			$88,049**	This project will demonstrate how minority employers, public and private organizations, can meet their needs for skilled full and part time, temporary and permanent labor through the hiring of their own retirees or other elderly persons; and to educate management and union officials about the work skills and potential of the older worker, and assist them in developing and adopting programs that would retain older workers.
90AT0127 TOUGALOO COLLEGE, TOUGALOO, MISSISSIPPI STRENGTHENING AND EXPANDING TRAINING OPPORTUNITIES IN THE AGING NETWORK Walter Davis (601) 956-4941	09/01/84- 01/31/86			$130,034**	The project will strenthen the training of pre-service and in-service personnel for the Mississippi Aging Network. Efforts will be directed toward 1) strengthening the curriculum and practicum, 2) designing and conducting forms, symposia and workshops, 3) training volunteers, 4) establishing a "job development in gerontology" program and 5) securing private sector support for the gerontology program. The program will contribute to better planning and coordination of aging training activities in the State of Mississippi. Student tuition support is included.
90AT0129 LIVINGSTONE COLLEGE, SALISBURY, NORTH CAROLINA THE LIVINGSTONE GERONTOLOGY CENTRR Sterling Whitener (704) 633-7960	10/01/84- 09/30/85			$142,240**	The project will continue development of gerontology training activities by establishing a Gerontology Center at Livingstone College. The Center will serve as the focal point in the community for training both Career students and service providers. The Center will conduct research in minority aging and network with agencies serving the older adult. The Center will help meet educational and training needs identified by the North Carolina Aging Network. Student tuition support is included.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING FY 1982	FUNDING FY 1983	FUNDING FY 1984	ABSTRACT
90AT0130 MISSISSIPPI VALLEY STATE UNIVERSITY, ITTA BENA, MISSISSIPPI MVSU GERONTOLOGY CURRICULUM DEVELOPMENT PROGRAM Ronald Love (601) 254-9041	10/01/84- 09/30/85			$111,017**	This project will improve the quality of the MVSU gerontology program through 1) the conduct of a manpower needs assessment among agencies serving the elderly in Mississippi, 2) the addition and refinement of the curriculum, 3) increased efforts to recruit students for the program, and 4) increased efforts to place students in gerontology related internships and graduates into jobs in the Aging Network. No student tuition support is included.
90AT0131 ATLANTA UNIVERSITY, ATLANTA, GEORGIA STRENGTHENING FAMILY CAREGIVERS AND SERVICE DELIVERY IN RURAL AREAS Wilbur Watson (404) 681-0251	09/01/84- 01/31/86			$113,228**	The project will strengthen and expand the current Gerontology Career Preparation Program by providing training for rural service providers and family caregivers in Georgia. Apporximately 160 caregivers will be trained during eight workshop sessions. The project will result in increased numbers of professionals, paraprofessionals and family caregivers with gerontological knowledge, skills and competencies to serve the rural elderly. Trainess support is included.
90AT0132 HAMPTON INSTITUTE, HAMPTON, VIRGINIA MEDIA-BASED SERIES ON ELDERLY ABUSE Margaret Barnes (804) 727-5469	09/01/84- 08/31/85			$111,914**	The project will develop quality video tapes for education and training in elderly abuse detection and intervention. These materials will be demonstrated with ministers senior center participants, bank employees and medical personnel. Dissemination will be through no-cost loan of materials and equipment, and through purchase for cost of the tapes and supplementary materials. Completion of the project is expected to result in 1) an enhancement of public education on elderly abuse and 2) the reporting of more substantiated cases of elderly abuse.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

HISTORICALLY BLACK COLLEGES AND UNIVERSITIES INITIATIVE	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AT0135 MEHARRY MEDICAL COLLEGE, NASHVILLE, TENNESSEE GERIATRIC EDUCATION AT MEHARRY MEDICAL COLLEGE Tyson Gibbs (615) 327-6947	09/01/84- 01/31/86			$129,352**	This project will enhance geriatric education and training at Meharry Medical College through curriculum development and exposure of faculty and students to aging issues. Appropriate curriculum will be developed and existing courses strengthened in four units: the School of Medicine, School of Dentistry, the Graduate Nursing Division, and the School of Graduate Nursing Division, and the School of Graduate Studies. The project will result in an increased number of Black physicians with expertise in aging. Student tuition support is included.
90AT0141 LINCOLN UNIVERSITY, JEFFERSON CITY, MISSOURI MINORITY CAREER AND LEADERSHIP DEVELOPMENT PROGRAM Arnold Parks (314) 751-3225	10/01/84- 02/28/86			$56,320**	This project will train 25 minority individuals, including students and practitioners. In addition to the formal training, the program will focus on the career development of each trainee. The project will result in an increased number of well-trained minority professionals to serve the needs of the aging network in Missouri. Student tuition support is included.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

STATE EDUCATION AND TRAINING	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
STATE EDUCATION AND TRAINING PROGRAMS	N/A	$3,588,730	$2,244,009	$4,187,721	Grants are made to each State and Territory to support training and technical assistance to improve the skills, knowledge, and performance of State and area agency, and service provider staff. In addition, this program promotes inter- and intra-state activities which bring together the resources of agencies and organizations concerned with education and training in the field of aging.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

OTHER SIGNIFICANT AWARDS	START AND END DATES	FUNDING			ABSTRACT
		FY 1982	FY 1983	FY 1984	
90AP0002 UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CALIFORNIA NATIONAL POLICY STUCY CENTER ON EMPLOYMENT AND RETIREMENT Salley Coberly (213) 743-5423	07/01/80-06/29/85	$248,498	$256,563	$438,763	The purpose of this Policy Center is to engage in policy analysis and development in employment. During FY 83, Center staff conducted studies of low income older workers, the relationship of health to the reitrement decision, the changing health status of older workers over time, older worker productivity, health insurance costs of older workers, and the relationship between age, health, and productivity.
90AP0003 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, SAN FRANCISCO, CA. NATIONAL POLICY STUDY CENTER ON HEALTH Robert Newcomer (415) 666-1408	07/01/80-06/30/85	$185,000	$245,253	$425,105	The purpose of this Policy Center is to engage in policy analysis and development in health. During FY 83, Center staff conducted studies on arthritis, osteoporosis, hearing and vision impairment, the health of single-room occupants, social/health maintenance organizations, and health promotion strategies.
90AP0005 BRANDEIS UNIVERSITY, WALTHAM, MASSACHUSETTS NATIONAL POLICY STUDY CENTER ON INCOME MAINTENANCE James Schultz (617) 647-2586	07/01/80-08/31/85	$187,556	$273,333	$459,054	The purpose of this Policy Center is to engage in policy analysis and development in areas related to income maintenace. During FY 83, Center staff conducted studies of minority pension coverage, employee retirement incentive programs, transportation demand, and targeting Title III resources on low income older persons.

LIST OF ACTIVE GRANTS
Under Title IV of the Older Americans Act

OTHER SIGNIFICANT AWARDS	START AND END DATES	FUNDING FY 1982	FY 1983	FY 1984	ABSTRACT
DISASTER ASSISTANCE	N/A- -	$81,500	$65,315	$189,598	In accordance with Section 310 of the Older Americans Act, awards are made to reimburse States for funds made available to area agencies during any major disaster declared by the President.
LEGAL, PROTECTIVE, AND OMBUDSMAN SERVICES DEVELOPERS	N/A-	$2,852,000	$2,852,020	$2,862,000	Awards are made to each State and Territory to address such issues as nursing home regulations, abuse of residents' personal funds, and restrictions on access to nursing homes.
OTHER INITIATIVES				$206,676	

TITLE XX SOCIAL SERVICES BLOCK GRANT PROGRAM

Public Law 97-35, enacted August 13, 1981, amended title XX of the Social Security Act to establish the social services block grant (SSBG) program effective October 1, 1981. Grants are made directly to States and eligible jurisdictions for use in funding a variety of social services best suited to the needs of individuals and families residing within the State. In fiscal year 1984, a total of $2.7 billion was allotted to the States and jurisdictions under the SSBG. The Federal allotments are made under a formula based on each State's population. Each State has the flexibility to determine what services are provided, who is eligible to receive services, and how funds are distributed among the various services offered within the State.

A variety of social services directed at assisting aged persons to obtain or maintain a maximum level of self-care and independence may be provided under the SSBG. Such services include but are not limited to adult day care, adult foster care, protective services, health-related services, homemaker services, chore services, home maintenance services, transportation, preparation and delivery of meals and other services that assist persons to remain in their own homes of in community living situations. Services are also offered which facilitate admission for institutional care when other forms of care are not appropriate and services are provided to individuals in institutions.

Under the SSBG States are nor required to submit data that indicates the number of elderly recipients of the expenditures provided to support services for the elderly. States are required prior to the expenditure of funds under the SSBG to prepare a report on the intended use of the funds including information on the type of activities to be supported and the categories or characteristics of individuals to be served. States are also required to prepare a report on their activities at least every 2 years. The reports shall be in the form and contain such information as the State finds necessary to provide an accurate description of its activities, to record the purposes for which funds were spent and to determine the extent to which funds were spent in a manner consistent with their plans.

Based on an analysis of pre-expenditure reports submitted by the States for fiscal year 1984, the listing below indicates the number of States providing certain types of services to the aged under the SSBG.

Services:	*Number of States*[1]
Home-based services [2]	51
Protective and emergency services—adults	45
Disabled services	36
Information and referral	34
Day care—adults	29
Transportation services	25
Home-delivered/congregate meals	24
Health-related services	23
Foster care—adults	20
Housing services	12

[1] Includes 50 States, the District of Columbia, and the four eligible terrorities.

[2] Includes homemaker, chore, and home maintenance services.

SERVICES	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	D.Columbia	Florida	Georgia	Hawaii	Idaho	Illinois
ADOPTION	●	●		●		●	●		●				●	●
COUNSELING		●	●				●	●	●	●			●	●
DAY CARE-ADULTS	●			●				●		●	●	●		
DAY CARE-CHILDREN	●	●	●	●		●	●	●	●	●	●	●		●
DISABLED SERVICES	●		●	●	●	●		●		●	●		●	
EMPLOYMENT, EDUCATION, AND TRAINING			●	●	●	●	●		●	●	●		●	●
FAMILY PLANNING			●	●		●	●			●	●			●
FOSTER CARE-ADULT	●				●	●		●				●		
FOSTER CARE-CHILDREN	●			●	●	●		●	●	●			●	●
HEALTH RELATED SERVICES				●		●				●				
HOME BASED SERVICES 1/	●	●	●	●	●	●	●	●	●	●	●	●		●
HOME DELIVERED/CONGREGATE MEALS			●	●				●		●	●			
HOUSING SERVICES					●				●	●				
INFORMATION AND REFERRAL			●		●	●	●	●	●	●	●			●
LEGAL SERVICES			●		●		●			●				
PLACEMENT SERVICES								●	●	●	●			
PREVENTION AND INTERVENTION SERVICES 2/			●	●	●			●	●		●	●	●	●
PROTECTIVE AND EMERGENCY-ADULTS		●	●	●	●		●		●	●	●	●	●	●
PROTECTIVE AND EMERGENCY-CHILDREN	●	●	●	●			●	●	●	●	●	●	●	●
RESIDENTIAL CARE/TREATMENT	●			●			●			●			●	●
SPECIAL SERVICES FOR CHILDREN AND YOUTH				●	●			●	●			●	●	●
SOCIAL SUPPORT SERVICES 3/				●	●	●				●	●	●		●
SUBSTANCE ABUSE SERVICES							●							●
TRANSPORTATION SERVICES	●		●	●						●	●			
SERVICES FOR UNMARRIED PARENTS				●										●
OTHER 4/		●	●		●	●	●	●	●			●		●
TOTAL SERVICES	10	7	14	18	13	12	13	14	14	19	14	10	10	17

SERVICES	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada
ADOPTION		●	●	●	●		●	●	●	●	●		●	●	
COUNSELING	●				●			●	●	●	●	●	●		●
DAY CARE-ADULTS		●	●				●			●		●	●	●	
DAY CARE-CHILDREN	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DISABLED SERVICES	●	●	●	●	●		●	●		●			●	●	●
EMPLOYMENT, EDUCATION, AND TRAINING		●			●				●	●					●
FAMILY PLANNING	●	●					●	●	●	●	●				
FOSTER CARE-ADULT							●			●			●	●	
FOSTER CARE-CHILDREN		●		●	●	●	●			●	●		●	●	●
HEALTH RELATED SERVICES	●	●			●		●		●				●		
HOME BASED SERVICES 1/	●		●	●	●	●	●	●	●	●	●	●	●	●	●
HOME DELIVERED/CONGREGATE MEALS		●			●		●			●	●	●		●	●
HOUSING SERVICES									●						
INFORMATION AND REFERRAL		●	●		●		●	●	●	●	●	●	●		●
LEGAL SERVICES							●	●		●			●		
PLACEMENT SERVICES				●	●				●						
PREVENTION AND INTERVENTION SERVICES 2/	●		●	●				●	●	●	●		●		
PROTECTIVE AND EMERGENCY-ADULTS		●		●	●	●	●	●	●	●	●	●	●	●	●
PROTECTIVE AND EMERGENCY-CHILDREN	●	●		●	●	●	●			●	●	●	●	●	●
RESIDENTIAL CARE/TREATMENT	●		●	●						●	●	●			
SPECIAL SERVICES FOR CHILDREN AND YOUTH	●		●	●	●	●	●				●	●			
SOCIAL SUPPORT SERVICES 3/					●		●	●	●	●	●	●	●		
SUBSTANCE ABUSE SERVICES	●											●			
TRANSPORTATION SERVICES		●			●	●	●			●	●		●	●	●
SERVICES FOR UNMARRIED PARENTS				●			●				●				
OTHER 4/	●	●	●	●				●	●		●	●			
TOTAL SERVICES	12	14	10	13	16	7	18	12	14	19	17	13	16	11	11

SERVICES	N.Hampshire	New Jersey	New Mexico	New York	N.Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	S.Carolina	South Dakota	Tennessee
ADOPTION	●	●	●	●	●	●	●		●			●	●	●
COUNSELING					●	●	●			●	●	●		●
DAY CARE-ADULTS	●	●	●		●		●	●		●		●		●
DAY CARE-CHILDREN	●	●	●	●	●	●	●	●	●	●	●	●		●
DISABLED SERVICES		●	●		●	●	●		●		●	●	●	
EMPLOYMENT, EDUCATION, AND TRAINING	●	●		●	●	●	●			●	●		●	●
FAMILY PLANNING	●	●	●	●	●		●			●	●			●
FOSTER CARE-ADULT	●			●	●	●			●					●
FOSTER CARE-CHILDREN			●	●	●	●		●	●					●
HEALTH RELATED SERVICES			●	●	●	●	●			●	●		●	
HOME BASED SERVICES 1/	●	●	●	●	●	●	●	●		●	●	●	●	●
HOME DELIVERED/CONGREGATE MEALS	●	●			●		●			●		●		
HOUSING SERVICES		●		●						●	●			
INFORMATION AND REFERRAL	●	●	●	●	●	●	●			●	●			●
LEGAL SERVICES	●	●					●			●				
PLACEMENT SERVICES	●	●					●					●	●	
PREVENTION AND INTERVENTION SERVICES 2/				●					●	●		●		●
PROTECTIVE AND EMERGENCY-ADULTS	●	●	●	●	●	●	●	●		●		●	●	●
PROTECTIVE AND EMERGENCY-CHILDREN		●	●	●	●	●	●	●	●	●		●	●	●
RESIDENTIAL CARE/TREATMENT	●				●		●			●		●	●	●
SPECIAL SERVICES FOR CHILDREN AND YOUTH	●	●	●		●		●			●				●
SOCIAL SUPPORT SERVICES 3/	●		●		●	●	●			●	●	●		●
SUBSTANCE ABUSE SERVICES		●	●		●	●	●				●			●
TRANSPORTATION SERVICES		●		●	●		●			●	●	●		●
SERVICES FOR UNMARRIED PARENTS				●		●					●	●		
OTHER 4/		●	●	●		●	●		●				●	
TOTAL SERVICES	15	18	15	16	20	16	21	6	8	18	13	15	10	18

SERVICES	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	N.Mariana Is.	Guam	Puerto Rico	Virgin Islands	TOTAL
ADOPTION		●	●	●	●	●	●	●		●			38
COUNSELING			●	●			●	●					28
DAY CARE-ADULTS	●	●	●	●		●	●				●		29
DAY CARE-CHILDREN	●	●	●	●	●	●	●	●			●	●	50
DISABLED SERVICES	●	●	●	●	●					●	●		36
EMPLOYMENT, EDUCATION, AND TRAINING	●	●	●	●		●					●		31
FAMILY PLANNING	●	●	●	●	●	●	●	●					31
FOSTER CARE-ADULT	●	●		●			●	●					20
FOSTER CARE-CHILDREN	●	●	●	●	●	●	●	●					34
HEALTH RELATED SERVICES		●	●	●	●	●	●						23
HOME BASED SERVICES 1/	●	●		●	●	●	●	●	●	●	●	●	51
HOME DELIVERED/CONGREGATE MEALS	●	●		●		●	●						24
HOUSING SERVICES		●		●		●	●						12
INFORMATION AND REFERRAL		●		●		●			●				34
LEGAL SERVICES		●	●	●				●					16
PLACEMENT SERVICES				●									13
PREVENTION AND INTERVENTION SERVICES 2/	●	●	●		●	●		●					28
PROTECTIVE AND EMERGENCY-ADULTS	●	●		●	●	●	●		●	●		●	45
PROTECTIVE AND EMERGENCY-CHILDREN	●	●	●	●	●	●	●	●	●	●		●	47
RESIDENTIAL CARE/TREATMENT	●	●	●	●	●	●	●						26
SPECIAL SERVICES FOR CHILDREN AND YOUTH						●				●			24
SOCIAL SUPPORT SERVICES 3/		●		●		●		●		●	●		30
SUBSTANCE ABUSE SERVICES		●	●	●									14
TRANSPORTATION SERVICES				●			●	●					25
SERVICES FOR UNMARRIED PARENTS						●							10
OTHER 4/				●		●		●					27
TOTAL SERVICES	13	20	14	23	11	19	15	13	4	7	6	4	[illegible]

1/ Home Based Services include: homemaker, chore, home health, companionship, home maintenance.

2/ Prevention/Intervention Services include: investigation/intervention, assessment, family centered early intervention, home evaluation and supervision, preventive and restorative.

3/ Social Support Services include: socialization, recreation, camping, physical activity, living skills (money management, day treatment, family development, social adjustment, community living services, family management, life skills education, personal and financial management).

4/ Other Services include: services to jail inmates or status offenders, social services in correctional facilities, parole supervision, diagnostic and re-entry services to ex-offenders, work release, group home care, day treatment, and services to Hispanics.

SOCIAL SECURITY ADMINISTRATION

PROGRAMS ADMINISTERED BY THE SOCIAL SECURITY ADMINISTRATION

The Social Security Administration (SSA) administers the Federal old-age, survivors, and disability insurance (OASDI) program (title II of the Social Security Act). OASDI is the best program in the United States that assures income to individuals and families when workers retire, become disabled, or die. The basic idea of the cash benefits program is that, while they are working, employees and their employers pay earmarked Social Security contributions (FICA taxes); the self-employed also contribute a percentage of their net earnings. Then, when earnings stop, or are reduced because of retirement in old-age, death, or disability, cash benefits are paid to partially replace the earnings that were lost. Current contributions are largely paid out in current benefits. However, at the same time, current workers build rights to future benefit protection.

SSA also administers the supplemental security income (SSI) program for aged, blind, and disabled people in financial need (title XVI of the Social Security Act). SSI provides a federally financed floor of income for eligible individuals with limited income and resources. SSI benefits are financed from general revenues. In most cases, SSI supplements income from other sources including Social Security benefits.

The low-income home energy assistance program, which provides grants to States to help low-income households offset the rising costs of home energy, is also administered by the Social Security Administration.

SSA shares responsibility for the black lung program with the Department of Labor. SSA is responsible, under the Federal Coal Mine Health and Safety Act, for payment of black lung benefits to coal miners and their families who applied for those benefits prior to July 1973, and for payment of black lung benefits to certain survivors of miners.

Local Social Security offices process applications for entitlement to the Medicare program and assist individuals in filing claims for Medicare benefits. Overall Federal administrative responsibility for the Medicare program rests with the Health Care Financing Administration, HHS.

Following is a summary of beneficial levels, selected administrative activities, precedential court decisions, and Social Security-related legislation enacted in fiscal year 1984.

I. OASDI BENEFITS AND BENEFICIARIES

At the beginning of 1984, about 94 percent of all Americans age 65 and over were drawing Social Security benefits, or were eligible to draw benefits if they or their spouses retired; about 95 percent of the people who reached 65 in 1984 were eligible for benefits. It is expected that 96 percent of the aged will be eligible for Social Security benefits by the end of the century.

At the end of September 1984, 36.3 million people were receiving monthly Social Security cash benefits, compared to 35.9 million in September 1983. Of these beneficiaries, 21.8 million were retired workers, 3.5 million were dependents of retired workers, 3.8 million were disabled workers and their dependents, 7.2 million were survivors of deceased workers and 43,000 were uninsured individuals receiving "special age-72" (Prouty) benefits.

The monthly amount of benefits paid for September 1984 was $14.4 billion, compared to $13.6 billion for September 1983. Of this amount, $10.4 billion was paid to retired workers and their dependents, $1.3 billion was paid to disabled workers and their dependents, $2.6 billion was paid to survivors, and $6 million was paid to special age-72 beneficiaries.

Retired workers received an average benefit for September 1984 of $443 (up from $424 in September 1983), while disabled workers received an average benefit of $455. Retired workers newly awarded Social Security benefits for September 1984 averaged $410, while disabled workers received an average initial benefit of $444.

During fiscal year 1984 an estimated $173 billion in Social Security cash benefits were paid, compared to $166 billion in fiscal year 1983. Of that total, retired workers and their dependents received $119 billion, disabled workers and their dependents received $17.7 billion, survivors received $36.1 billion, and special age-72 beneficiaries received $74 million. In addition, lump-sum death payments amounted to $214 million.

Monthly Social Security benefits were increased for December 1983 (payable beginning January 1984) to reflect a 3.5 percent increase in the Consumer Price Index (CPI); a similar automatic cost-of-living adjustment will be effective for December 1984, payable in January 1985.

II. SUPPLEMENTAL SECURITY INCOME BENEFITS AND BENEFICIARIES

In January 1984, SSI payment levels (like Social Security benefit amounts) were automatically adjusted to reflect a 3.5 percent increase in the CPI. Thus, from January through December 1984, the maximum monthly Federal SSI payment level for an individual was $314. The maximum monthly benefit for a married couple both of whom were eligible for SSI was $472. In January 1985, these monthly rates will be increased to $325 for an individual and $488 for a couple to reflect a 3.5 percent increase in the Consumer Price Index.

As of September 1984, a little over 4 million aged, blind, or disabled people received Federal SSI or federally administered State supplementary payments. Of the 4 million recipients on the rolls during September 1984, over 2 million were aged 65 or older. Of the recipients aged 65 or older, 498,000 were eligible to receive benefits based on blindness or disability. Nearly 2 million recipients were blind or disabled and under age 65. During September 1984, Federal SSI benefits and federally administered State supplementary payments totaling $887 million were paid.

During fiscal year 1984, about $9.1 billion in benefits (consisting of more than $7.5 billion in Federal funds and $1.6 billion in federally administered State supplementary payments) were paid.

As a result of a provision in the Social Security Amendments of 1983, the Social Security Administration mailed out notices to over 7 million Social Security beneficiaries who, based on the amount of their benefits, appeared potentially eligible for SSI payments. The mailing began in February 1984 and ended in July 1984. Over 250,000 people responded, and as a result more than 76,000 applications for SSI were filed. Although it is not yet known how many of those aged who applied for SSI actually became eligible, more than 20,000 aged recipients were added to the SSI rolls in the last half of fiscal year 1984, after the notices were mailed. This number represents a 63 percent increase over the numbers of aged who were added to the SSI rolls in the first 6 months of fiscal year 1984. The number of SSI recipients who also receive Social Security benefits also increased in this same period by over 1 percent.

III. LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Beginning in October 1980, SSA was given Federal administrative responsibility for a program of low-income home energy assistance. The program helps low-income households meet the cost of home energy. Congress authorized, in the Omnibus Budget Reconciliation Act of 1981, $1.875 billion annually for the Low Income Home Energy Assistance Act for fiscal years 1982 through 1984. However, for FY 1984 Congress appropriated $2.075 billion. Block grants are made to States, territories, and eligible applicant Indian tribes. Grantees may provide heating, cooling, energy crisis intervention assistance and low-cost residential weatherization or energy-related home repair to eligible households. Grantees can make payments to households with incomes less than 150 percent of the poverty guidelines, or 60 percent of the State's median income, or to households which contain an individual who receives supplemental security income, food stamps, aid to families with dependent children, or needs-tested veterans benefits.

Low income elderly households are a major target group for energy assistance. They spend, on average, a greater portion of their income for heating costs than other low income households. Grantees are required to target outreach activities to elderly or handicapped households eligible for energy assistance. Grantees can elect to provide other forms of priority treatment to these households. For example, a number of States provide the elderly and handicapped with easier application procedures, higher benefits, or favorable assets or income standards.

In fiscal year 1984, more than 40 percent of households receiving assistance with heating costs included at least one person age 60 or over.

IV. BLACK LUNG BENEFITS AND BENEFICIARIES

Although responsibility for new black lung miner claims shifted to the Department of Labor (DOL) in July 1973, SSA continues to pay blacklung benefits to a significant, but gradually declining, number of miners and survivors. (While DOL administers new claims under part C of the Federal Coal Mine Safety and Health Act, SSA is still responsible for administering part B of the act.)

During September 1984, about 318,000 individuals (194,000 aged 65 or older) received $86.3 million in black lung benefits which were administered by the Social Security Administration. These benefits are financed from general revenues. Of these individuals, 87,000 miners received $27.6 million, 141,000 widows received

$44.6 million, and 89,000 dependents received $14.1 million. During fiscal year 1984, SSA administered black lung payments in the amount of slightly more than $1 billion. About 72,000 miners and 122,000 widows were aged 65 or older.

In addition to the 3.5 percent increase in black lung benefits in January 1984, a 0.5 percent increase in black lung benefits was included in the July 1984 check (payable in August 1984), retroactive to January 1984. (This latter increase was a result of the enactment of P.L. 98-270, which provided a similar retroactive increase in salaries for the Federal pay scale (GS-2, step 1) to which the black lung benefit levels are tied.) Black lung benefits will increase by 3.5 percent effective January 1985 due to an automatic general benefit increase adjustment under the law. The monthly payment to a coal miner disabled by black lung disease will increase to $328.20 from $317.10. The monthly benefit for a miner or widow with one dependent will be $492.30 and with two dependents will be $574.30. The maximum monthly benefit payable when there are three or more dependents will be $656.40.

V. SSA ADMINISTRATIVE GOALS AND ACCOMPLISHMENTS

Early in fiscal year 1984, a planning team was established to articulate SSA's values. The planning team was asked to take a fresh look at what SSA stands for—what the Agency does that gives everyone, employees and public alike, the most pride in Social Security.

Shortly thereafter, the results of that effort were announced. The following four enduring values were restated:

(1) Provide timely and accurate payment of benefits.
(2) Administer the program efficienctly and effectively.
(3) Provide courteous, sensitive, and dignified service to the public.
(4) Strive toward a positive work climate for all employees.

These values are overriding in the sense that they should form the backdrop for almost everything the SSA workforce does.

In support of these values, eight priority objectives were announced in April 1984 to address specific concerns for the FY 1984-88 period, in the face of expanding responsibilities, demands for even better public service and due process, outmoded technology, and reduced resources. These eight objectives are:

(1) Effectively manage workloads.
(2) Modernize the claims system.
(3) Redesign the annual wage reporting system.
(4) Manage the impact of automation.
(5) Produce a reliable management information system.
(6) Improve programmatic issuances.
(7) Effectively manage a national disability process.
(8) Issue clear notices.

Program managers have been designated and assigned responsibility for achievement of their respective objectives. Significant results have already been realized, and continuing efforts toward accomplishment of each objective are being monitored.

VI. COMMUNICATION AND SERVICES

Information Activities

Public information activities relating to Public Law 98-21, the 1983 Social Security Amendments, continued into fiscal year 1984. A major emphasis was given to preparing to conduct an intensive public information effort on taxation of Social Security benefits coinciding with the mailing of 40 million Forms. SSA-1099, Social Security Benefit Statement, in January 1985. A wide variety of materials were prepared to assist field officies in coping with the heavy anticipated inquiry workload.

In addition SSA conducted its usual public information activities in support of field administration. Over 100 million copies of about 50 publications were produced in 1984 explaining Social Security, SSI, and Medicare. Seven leaflets directed primarily to senior citizens are to be printed in larger type versions. To date one has been completed.

SSA also produced audio-visual materials to keep the public informed about Social Security programs. These include films, television spots, radio programs and spot announcements, and cable television programs. Most published and audio-visual materials are produced in both English and Spanish.

Magnetic Media Reporting of Annual Wage Information

SSA is developing an educational program to improve the quality of employer reporting of employee earnings. The objective is to reduce errors, improve the accuracy of SSA's earnings records information and reduce the cost of maintaining these records, SSA is also encouraging trade and professional organizations to print articles in their newsletters on the advantages of magnetic media reporting.

Program Information for Federal, State and Local, and Nonprofit Groups

SSA has developed presentations highlighting the value of Social Security for Federal, State and local, and nonprofit employers and organizations. The presentations include recent changes in Social Security: the Social Security Amendments of 1983 (Public Law 98-21), the Deficit Reduction Act of 1984 (Public Law 98-369), and the Social Security Disability Benefits Reform Act of 1984 (Public Law 98-460). Over 100 presentations have been made to Federal personnel specialists in the past year. We have also been working with State Social Security Administrators and nonprofit organizations to reach employes in those sectors.

Improved Benefit Verifications

SSA is publicizing its new third-party query system for providing beneficiary status information to other public agencies which provide services and the cash benefits to Social Security beneficiaries. Under this new system, agencies can query SSA electronically to verify receipt of Social Security benefits and SSA is able to provide the information in a faster and more efficient manner.

Representative Payee Initiative

The Social Security Administration is working with the American Association of Retired Persons (AARP) on a pilot project were AARP finds, trains, and monitors volunteers who serve as representative payees when SSA cannot located in suitable payee. The purpose of the project is to develop an all volunteer model delivery system and to demonstrate its effectiveness in Washington, D.C. and two replication sites in rural western Virginia and Baltimore,

A further pilot project utilizing a loaned executive from private industry as project director is being planned.

VII. PRECEDENT-SETTING COURT DECISIONS THAT AFFECT THE ELDERLY MADE DURING FISCAL YEAR 1984

Mathews-Government Pension Offset Provision

On March 5, 1984, the Supreme Court unanimously upheld the constitutionality of the Government pension offset provision. This provision was originally enacted as part of the Social Security Amendments of 1977 has was modified twice by legislation enacted in 1983. Under the provision persons receiving spouse's Social Security benefits are subject to a reduction in the amount of their benefits if they are eligible for a Government pension based on their own noncovered work. A temporary exception to the offset was provided for spouses who met the eligibility requirements before the 1977 amendments. In anticipation of a constitutional challenge, Congress included a separability clause under which, if the temporary exception should be found unconstitutional, the offset would immediately apply in every case.

Since most men did not benefit from the exception because under the pre-1977 rules they had to receive one-half of their support from their wives to be eligible for spouse's benefits, the offset provision was challenged on constitutional grounds. In 1982 both the exception and the separability clause were found unconstitutional by a U.S. district court. The Supreme Court reversed this decision, holding that the exception was directly related to the important government objective of protecting persons who had made retirement plans in reasonable reliance on the pre-1977 rules. The Supreme Court also held that Congress was within rights in extending the offset to everyone if the exception were found unconstitutinal.

VIII. SUMMARY OF LEGISLATION ENACTED IN FISCAL YEAR 1984 THAT SIGNIFICANTLY AFFECTS SSA

Public Law 98-369, (H.R. 4170), Deficit Reduction Act of 1984—Signed on July 18, 1984

Contains, in addition to the substantive Social Security and Supplemental Security Income provisions described below, numerous technical corrections needed in light of the 1983 Social Security Amendments, Public Law 98-21, as well as significant Medicare, Medicaid, and AFDC amendments.

OASDI provisions

Excludes from Social Security coverage Federal employees hired after December 31, 1983 after a break in service of 365 days or less only if their prior Federal job was not covered. Also, persons exercising restoration or reemployment rights to noncovered Federal civilian employment after a period of active military service (including the National Guard) exceeding 365 days are not covered under Social Security. Similar protection is provided for Federal employees detailed or transferred to international organizations or separated for the purpose of employment for the American Institute in Taiwan.

Closes a loophole under which persons who were legislative branch employees on December 31, 1983 could participate in the Civil Service Retirement System on December 31, 1983 and subsequently withdraw, and thus avoid Social Security coverage (and civil service retirement system participation as well).

Treats an employee of a nonprofit organization who is required by law to participate in a Federal retirement system (for example, an employee of the Legal Services Corporation) like a Federal civilian employee for Social Security tax and coverage purposes.

Permits any church or church-controlled organization (including a convention or association of churches or an elementary or secondary school) to elect irrevocably to have services performed by its employees excluded from employment for Social Security purposes. Employees of the churches and organizations which make an election continue to be covered and are required to pay the Social Security tax rates applicable to self-employed persons.

Excludes from wages, effectively January 1, 1985, fringe benefits provided to or on behalf of an employee if, at the time the benefit is provided, it is reasonable to believe that the employee will be able to exclude the benefit from gross income for income tax purposes. This provision makes the Social Security treatment of fringe benefits consistent with their income tax treatment.

SSI provisions

Increases the current SSI countable assets limit of $1,500 for an individual by $100 each January, beginning in 1985, until it reaches $2,000 in January 1989. Similarly, the present $2,250 limit for eligible couples increases by $150 each year until it reaches $3,000 in January 1989.

The conference committee report expresses concern that there increased limits will target additional Federal costs on SSI recipients who have accumulated reserves to meet emergencies rather than on those who have not been able to do so. The report specifies that "if the Secretary is able to recommend a more appropriate way" to resolve this problem, the scheduled increases in the assets limits after 1985 should be replaced by "a more targeted approach."

Specifies that, except in cases of fraud or willful misrepresentation or concealment, the rate at which SSI overpayments may generally be recovered from a recipient's monthly SSI benefit is the lesser of (1) the recipient's entire monthly benefit, or (2) an amount equal to 10 percent of the recipient's countable income plus SSI and State supplementary payments. However, overpaid recipients may negotiate a faster or slower recoupment rate.

Provides for waiving recovery of an SSI overpayment that is attributable solely to excess resources if the amount of the excess is $50 or less, except where the overpaid individual knowingly and willfully failed to report appropriately.

Excludes retroactive SSI and OASDI payments from resources for SSI purposes during the first 6 months following the month such payments are received?

Expands the SSI windfall offset provision in section 1127 of the act to eliminate loopholes that permit people who are paid OASDI and SSI retroactively to receive more in total benefits for the same period than if they were paid the benefits when regularly due.

Extends the exclusion of certain Alaska bonus payments from income for SSI purposes. Recent revisions in the Alaska longevity bonus program cast doubt on the continued exclusion of the bonuses from income for SSI purposes. This provision continues exclusion of the bonuses for (1) people to whom the exclusion applied prior to the State's revision of the bonus program, and (2) people who become eligible for SSI and who meet the 25 years residence requirement in the earlier Alaska longevity bonus plan prior to October 1, 1985.

Continues, until October 1, 1987, the exclusion from income under the SSI program and, at States' option, under AFDC plans, of home energy assistance (in cash or kind) provided by certain home energy suppliers and in-kind support and maintenance (including home energy assistance) provided by private nonprofit organizations.

Miscellaneous provisions

Establishes new income and eligibility verification procedures for assistance programs. The provision requires the Internal Revenue Service (IRS) to make data on unearned income available to Federal, State, and local agencies administering means-tested Federal or federally assisted benefit programs and requires SSA to request such data for use in administering SSI and State supplementary benefits, effective on enactment. The provision also requires State and local agencies to request wage, income, and other data from IRA and SSA for use in verifying eligibility for and the amount of benefits and exchange information with each other and with HHS for use in administering benefit programs, effective April 1, 1985 (subject to delay for certain reasons, but in any case not later than September 30, 1986).

Authorizes the IRA to collect debts, including SSI but not OASDI overpayments, owed to Federal agencies by reducing Federal tax refunds (after offset for any past-due child support payments). This provision applies to tax refunds payable after December 31, 1985 and before January 1, 1988.

Provides, excpt for certain defense-related systems, for a formal method by which the General Services Administration's Board of Contract Appeals my resolve contractual disputes between Federal agencies and suppliers involving procurements of automated data processing equipment and services (procurements under Public Law 89-306), including procurements under SSA's systems modernization plan.

Public Law 98-460 (H.R. 3755), Social Security Disability Reform Amendments of 1984—Signed on October 9, 1984

Makes changes in the Social Security and Supplemental Security Income disability programs to restore order, uniformity, and consensus in those programs. The major provisions are:

Provides a standard of review for termination of disability benefits (medical improvement). The law provides that the Secretary of Health and Human Services may terminate Social Security or SSI disability benefits on the basis that disability no longer exists only if the beneficiary is able to perform substantial gainful activity and if there is substantial evidence that one or more of the following occurred: (1) there has been medical improvement; (2) new medical evidence and a new assessment of the beneficiary's residual functional capacity demonstrate that he has benefited from advances in medical or vocational therapy or technology or has undergone vocational therapy; (3) based on new or improved diagnostic techniques or evaluations, the beneficiary's impairment(s) is not as disabling as it was and that therefore he is able to perform substantial gainful activity; or (4) a prior determination was in error.

The provision applies to determinations made after enactment as well as to cases pending administrative appeal on enactment and certain cases pending in court.

Continuation of payment of disability benefits until the ALJ hearing decision in medical cessation cases for determinations made prior to January 1, 1988. Benefits cannot be continued for months after June 1988. Permanently provides for continued payment through the ALJ decision in SSI cases.

Continuation of moratorium on continuing disability reviews of mentally impaired individuals until revised cristeria for evaluating mental impairments are issued. Requires the revised criteria to be published 120 days after enactment.

Requires that the Secretary consider the combined effect of all of an individual's impairments, without regard to whether any one impairment is severe.

Requires that the Secretary prescribe regulations that set uniform standards for disability decisions in accordance with the Administrative Procedure Act notice and comment rulemaking procedures. The standards will be binding at all levels of adjudication.

The legislation also includes several provisions aimed at upgrading the medical evidence used as a basis for disability decisions and improving the quality of those decisions, including requiring the Secretary to: (1) prescribe regulations setting forth standards as to when and how consultative examinations should be obtained and for monitoring their use; (2) consider all evidence in a claimant's case record and a complete medical history of at least the last 12 months and requiring the Secretary to make every reasonable effort to obtain needed evidence from the treating physician before relying on evidence from consultative examinations; (3) make every reasonable effort to have a qualified psychiatrist or psychologist participate in the evaluation of mental impairment cases before an unfavorable decision is made; and (4) convene a commission to study and report to the Congress by December 31, 1985 on the use of pain in evaluating disability.

In addition, the legislation includes two provisions not specifically related to Social Security disability benefits.

A requirement that the Secretary promptly evaluate the qualifications of individuals who are going to serve as representative payees for beneficiaries unable to manage their own funds and establish a system of annual monitoring of payees. This provision also increases the penalties for payees who misuse benefits.

An extension through June 30, 1987 of the authority in Section 1619 of the Social Security Act to continue SSI and Medicaid benefits to disabled recipients who engage in substantial work.

Public Law 98-473 (H.J. Res. 648), Continuing Appropriations for Fiscal Year 1985—Signed on October 12, 1984

The continuing resolution for fiscal year 1985 includes comprehensive crime control legislation and legislation relating to computer crimes, which in turn include the following provisions relevant to SSA:

Requires that all title II checks, and the envelopes in which they are mailed, bear a notice (1) stating that forgery in cashing or attempting to cash a Social Security check is a violation of Federal law, and (2) describing the maximum penalties for forgery. The requirement applies to Social Security checks issued for months after the 9th month after enactment.

Requires that identification documents (including the Social Security card) must, to the maximum extent feasible, use common descriptive terms and formats (1) to reduce duplication of identification systems, and (2) to facilitate positive identification of the holder of the document. The provision also requires the administration to submit recommendations within 3 years for comprehensive legislation on Federal identification systems, including (1) protecting the privacy of individuals affected by any identification system, (2) providing criminal and civil sanctions for the misuse or unauthorized disclosure of personal identification information, and (3) providing for the exchange of personal identification information.

Public Law 98-604 (H.R. 6299), COLA Adjustment—Signed on October 30, 1984

Provides for a one-time waiver of the 3-percent COLA trigger (as might have been necessary to assure payment of the 1984 COLA). (Based on actual CPI data, a 1984 COLA of 3.5 percent was announced on October 24.)

Mandates a study, by SSA's Office of the Actuary, concerning the long-range effects of permanently eliminating the trigger or reducing the trigger from 3 to 1 percent, the assumptions used to estimate the effects of a change in the trigger, and the measuring periods used to determine CPI and wage increases. The report is to be submitted to the House Committee on Ways and Means and the Senate Committee on Finance by September 1, 1985.

Public Law 98-611 (H.R. 2568), Wage Status of Amounts Received Under Qualified Educational Assistance Program—Signed on October 31, 1984

Excludes through 1985 for income tax and Social Security tax purposes up to $5,000 per year of payment made by employers under qualified educational assistance programs. This provision, retroactive to January 1, 1984, replaced a similar provision which expired on December 31, 1983.

Public Law 98-612 (H.R. 5361), Wage Status of Amounts Received Under Qualified Group Legal Services Plans—Signed on October 31, 1984

Continues to exclude through 1985 for income tax and Social Security tax purposes payments made by employers under qualified group legal services plans. Under prior law, the exclusion was scheduled to expire effective December 31, 1984.

Public Law 98-617 (H.R. 5386), Government Pension Offset—Signed on November 8, 1984

Makes two changes to the Government pension offset provision. The first extends, to people eligible for governmental pensions before July 1983, the two-thirds limit on the amount of the public pension that is counted for offset purposes. The second change allows certain civil service employees to qualify for the exceptions to pension offset if they would have been first eligible to receive their governmental pensions in either November 1982 or June 1983 (the cutoff months under prior law), excpet for a requirement that postponed eligibility for the pension until the month following the month in which all the requirements were met. (This change primarily takes account of 1982 legislation which delayed eligibility for Federal Civil Service pensions by 1 month.)

Also makes minor and technical corrections in the Medicare and Medicaid portions of the Deficit Reduction Act of 1984 (P.L. 98-369), including a correction in the months referred to in the provision that assures that the increase in the SMI premium will not more than offset the benefit increase under the cost-of-living adjustment (COLA).

HEALTH CARE FINANCING ADMINISTRATION

Long-Term Care

The mission of HCFA is to promote the timely delivery of appropriate, quality health care to its beneficiaries—approximately 47 million aged, disabled and poor Americans.

Medicaid and Medicare are the principal sources of funding for long-term care in the United States. The primary types of care reimbursed by these programs of HCFA are skilled nursing facilities (SNF's), intermediate care facilities (ICF's), and home health services.

HCFA's Office of Research and Demonstrations (ORD) conducts studies and projects that demonstrate and evaluate optional reimbursement, coverage, eligibility and management alternatives to the present Medicaid and Medicare programs. ORD also assesses the impact of beneficiary access to services, health care providers and the health care industry.

DEMONSTRATION ACTIVITIES

In 1984, HCFA continued a number of demonstrations aimed at testing the effectiveness of community-based and in-home delivery systems for long-term care services. These projects focus on the coordination and management of an appropriate mix of health and social services directed at individual client needs. HCFA also initiated the development of demonstrations which test the cost-effectiveness of prospective payment and competitive bidding approaches for home health agencies.

Studies and demonstrations are being conducted to assess the impact of new reimbursement strategies to promote cost containment and foster quality of care. Efforts are also underway to identify more effective long-term care quality assurance techniques and to improve the statistics and baseline information upon which future assessment of needs, problem identification and policy decisions will be based.

Demonstration Projects and Initiatives—1984

NATIONAL LONG-TERM CARE CHANNELING DEMONSTRATION PROGRAM

This intradepartmental effort was launched in September 1980 in an attempt to test the ability of community-based long-term care projects to address many of the inefficiencies in the existing long-term care system and assess the factors which influence their structure. The program includes the close cooperation of HCFA, the Administration on Aging, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) which was designated the lead agency in the effort. A steering committee of senior policy officials in these agencies has been established under the chairmanship of ASPE to set broad goals and provide policy guidance regarding the program. A management team has also been established, composed of senior staff in each participating agency, which has responsibility for providing technical direction and management on all aspects of the program.

The National Long-Term Care Channeling Demonstration Program includes the following three components:

1. Channeling Demonstrations

The term "channeling" refers to the organization or operating system required in a community to insure that a client receives the long-term care services he/she needs. Each project site in the national demonstration will provide outreach/case finding, screening, comprehensive client assessment and case management.

Ten States were awarded contracts to participate in this demonstration program. Five States were designated as basic model projects in which channeling sites would provide only the core channeling functions: outreach, screening, assessment and case management. In addition, these sites were also awarded a specific amount of gap-filling service funds. The five basic model States are Maine, Kentucky, New Jersey, Texas and Maryland. Sites in these States began serving clients in February 1982.

The remaining five States, Pennsylvania, Ohio, Massachusetts, Florida, and New York, were designated complex model projects. These projects modify the basic model approach by adding three program elements; expanded Medicare and Medicaid service coverage, authorization to approve reimbursement for services and limitations on per capita expenditures. By June 1982, the complex model sites began serving clients.

The demonstration continued to build its caseload and maintain operations through September 1984. At that time, the project began discharging clients and phasing out the demonstration. All demonstration activities will end on March 31, 1985. Several States have plans to expand their programs once the demonstration ends.

2. Evaluation Contract

A contract was awarded to Mathematica Policy Research, Inc., to conduct the evaluation. Mathematica is collecting uniform data from the 10 projects on client characteristics, outcomes and service and administrative costs. In addition, the evaluator will assist the projects in utilizing procedures for randomizing the potential client population into experimental and control groups. The total research sample is 4,900 clients which includes 2,100 control group participants. While Mathematica will submit interim reports during the course of the demonstration, the final evaluation report will be available in early 1986. The evaluation will attempt to answer the following long-term care policy questions:

—Is channeling a cost-effective long-term care policy intervention, and is it relatively more cost effective for certain types of channeling interventions and certain subgroups of the target population?

—Does channeling reduce institutionalization and increase the utilization of community and informal health and social services by clients.

—Does channeling reduce the public costs of long-term care; how does it affect private expenditures for services; what are the costs of channeling itself and what determines these costs?

—Does channeling result in reduced functional deterioration, improved quality of life, and lower mortality for channeling clients as compared to the control group?

—Does the channeling intervention and variations of it strengthen the capacity of the long-term care system to meet client needs in an efficient and effective manner, and what approaches to implementing channeling would be most effective for national replication?

3. Technical Assistance Contract

A technical assistance contract was awarded to Temple University Institute on Aging to provide support to the demonstration projects in developing uniform assessment and data collection procedures. Temple has the responsibility for conducting quality control reviews.

AFDC HOMEMAKER/HEALTH AIDE DEMONSTRATION

Section 966 of Public Law 96-499, the Omnibus Reconciliation Act of 1980, authorized the Secretary to enter into agreements with States for the purpose of conducting demonstration projects for the training and subsidized employment of AFDC recipients as homemakers/home health aides. During this 4-year demonstration, each State will train approximately 400 AFDC recipients to provide supportive services to elderly and disabled individuals who without these services would require institutionalization. The Medicaid program pays for the costs of the demonstration project, including the wages and employment costs of the AFDC participants. The Federal Medicaid match was increased to 90 percent as an incentive for State participation. The project includes a 6-month planning and developmental period, a 3-year operational phase and a 6-month wind-down period for the purpose of final reporting and evaluation. The operational segment of the demonstration began in January 1983. At that time, the States began the process of recruiting and selecting AFDC recipients to be trained as homemaker/home health aides. In the past 2 years, 2,416 AFDC recipients have been trained. These aides have provided the services authorized under this demonstration to 5,796 individuals identified as being at risk of institutional care. The seven demonstration States are Ohio, New Jersey, Arkansas, Texas, South Carolina, New York and Kentucky.

Two major issues will be examined in this demonstration:

—The extent to which training AFDC recipients as homemaker/home health aides is feasible and results in continued, nonsubsidized, productive employment for the trainees; and

—Whether the provision of homemake/home health aide services to elderly or disabled individuals, who would otherwise not receive these services, results in a lower use of institutional care, under the assumption that they would be reasonably anticipated to require institutional care.

In terms of expected results, three issues emerge: (1) The first phase will examine feasibility issues such as how many and what kind of AFDC recipients apply and are accepted into the program, how effective is the training, and whether the availability of subsidized services expands the home care service population; (2) in the interim phase, the employment status of the trainees and the institutional status of the service recipients will be investigated (e.g., do trainees continue in the program, what services do clients receive and for how long?); and (3) the final evaluation phase will thoroughly examine the net cost-effectiveness of the program in reducing welfare dependency and institutionalization/care costs for service clients. Final results are expected by December 1986.

LONG-TERM CARE PROJECT OF NORTH SAN DIEGO COUNTY (CALIFORNIA)

This 4-year project ended January 15, 1984. It was conducted by the Allied Home Health Association (AHHA), a certified Medicare home health agency. The hypothesis tested by the project was that a coordinated system of long term care service delivery, providing continuity of care with a wide array of in-home, community-based, and institutional resources, stressing client education for self-care and client participation in care plan development, would result in clients achieving and maintaining optimal health status and functional independence and would assist in containing the overall costs of health care. Eligiblity under the project was limited to individuals age 65 and over who were enrolled in Medicare and who met one of six special criteria concerning the need for long term care services and risk of institutionalization.

The project built upon the existing scope of Medicare covered home health services provided by AHHA, the Visiting Nurse Association of San Diego and San Diego Home Patient Care. Through this delivery model, the project linked an existing information and referral network with a centralized single entry system. AHHA directly provided case management and client assessment services and developed each patient's plan of care. In addition, AHHA also contracted with 19 suppliers of social and health services for the direct delivery of waivered services to clients under the project and coordinated service delivery with a multitude of other community-based organizations.

Contract services under the demonstration ended for all project clients on September 30, 1983 with case management services being available through October 31, 1983 to assure successful placement of clients in the community. No significant problems in client placement were experienced. The project's final report was approved in October 1984 and sent to the National Technical Information Service for public dissemination. Berkeley Planning Associates (BPA) is evaluating this project as part of its cross-cutting evaluation of 14 long-term care projects. BPA's evaluation report is expected by mid-1985.

TEXAS, "MODIFICATION OF THE TEXAS SYSTEM OF CARE FOR THE ELDERLY: ALTERNATIVES TO THE INSTITUTIONAL AGED"

The Texas Department of Human Resources (DHR) is currently in the fifth year of a demonstration project which is designed to reduce the growth of nursing homes in Texas while at the same time expanding access to community care services for needy individuals. The demonstration was initiated as a result of a State legislative mandate which required DHR to eliminate one of the two Medicaid intermediate care facility (ICF) levels of care (the ICF II level) and provide community based services to deinstitutionalized patients. For individuals who are deinstitutionalized, a care plan is developed and arrangements for in-home services through community service providers are made. The following services are provided: Medicaid home care benefits, Medicaid personal care benefits, title XX adult in-home services, and section 1115 waivered community-based in-home supportive services.

Substantial progress has been made over the first 5 years in implementing the project. Of the 15,492 individuals in the "ICF-II Cohort" group in March 1980, only 4,355 (or 28.1 percent) were still receiving ICF-II services in December 1983. Another 1, 1,891 "Special II's" were also receiving ICF-II services as of that date. The institutional population decreased 13 percent from March 1980 to December 1983, from 64,843 to 56,386, and actual expenditures for all institutional services decreased 2.6 percent from $444.1 million in calendar year 1980 to $432.2 million in calendar year 1983. The community care caseload has increased 16 percent, from an average of 35,589 clients in 1980 to 41,321 in 1983. Community care costs have increased from $69.6 million in 1980 to $94.5 million in 1983.

CALIFORNIA MULTIPURPOSE SENIOR SERVICES PROJECT (MSSP)

The State of California Multipurpose Senior Services Project (MSSP) implemented a State Statute (AB 998) in eight sites across the state. Each site provided single entry access to the health and social services system through case management, care planning and needs assessment. Sites provided direct services and contracted with local providers for services. Among the services were: adult social day care, protective service, in-home support services, legal services, nonmedical transportation and meal services. Eligibility was limited to individuals age 65 and over who were eligible for Medi-Cal (Medicaid) and who were at risk of institutionalization in an acute care facility or a skilled nursing facility. The project served approximately 1,900 experimental patients and 2,500 control patients.

Contract services under the demonstration ended June 30, 1983 with case management services being available through September 30, 1983 for clients requiring followup assistance. As of July 1, 1983, arrangements for approximately 65 percent of the demonstration client population to receive services in the community were made in accordance with each client's plan of care. The remaining 35 percent of the demonstration clients were determined eligible for continued services under the State's approved section 2176 home and community-based services program. No major problems in the termination process were encountered.

The State completed its evaluation of the project and submitted its final project report in September 1984. The final report is currently under review by HCFA and is expected to be approved and made available for public dissemination by January 1985.

NEW YORK CITY, DELIVERY OF MEDICAL AND SOCIAL SERVICES TO THE HOMEBOUND ELDERLY

This 3-year project, which was administered by the New York City Department for the Aging, ended March 31, 1984. It was designed to test a method of providing a spectrum of medical and social services to homebound chronically ill persons 65 and over who were entitled to Medicare and who had limited or no access to medical care. Services provided through the Medicare waivers were the core around which other community services are obtained for project clients. These services were: (1) Homemaker services; (2) personal care services; (3) transportation and escort services; (4) drugs and biologicals; and (5) case management and client assessment. Four neighborhood-based service sites conducted centralized intake, assessment, care planning and reassessment and monitoring.

Throughout the project, the four service sites each served 100 experimental clients (totaling 400 for the project) with a comparison group of 200 clients. Due to the shortage of skilled nursing facilities and other long-term care resources in the New York City area, termination of clients for the project began in May 1983 as beds and another resources became available. By February 15, 1984, all project clients had been terminated from the project and placed in the community. No major problems in the termination process were reported.

The project's final report was approved in October 1984 and sent to the National Technical Information Service for public dissemination. Berkeley Planning Associates (BPA) is evaluating this project as part of its cross-cutting evaluation of 14 long-term care projects. BPA's evaluation report is expected by mid-1985.

NEW YORK, MONROE COUNTY I AND II

The New York State Department of Social Services is demonstrating alternative approaches to delivering and financing long-term care to the adult disabled and elderly Medicaid population of the county. The project has developed the Assessment for Community Care Services (ACCESS) model as a centralized unit responsible for all aspects of long-term care for Monroe County residents 18 years of age or older who are Medicaid eligible and have long-term health care needs. ACCESS staff provides each client with comprehensive needs assessment and case management services. This Monroe County long-term care project was expanded in 1982 to include case management and patient assessment services for the county's Medicare population in need of long term care. The addition of the Medicare project to the Monroe County program enables the project to work toward an integration of Medicare and Medicaid long term care services in the county and hopefully to simplify program administration. The project operated at full caseload throughout 1984. The demonstration has been extended until 1986 to assess the project's effects over time on the health care system.

HOME HEALTH AGENCY PROSPECTIVE PAYMENT DEMONSTRATION

A contract was awarded in December 1983 to Abt Associates, Inc. for development and implementation of a demonstration testing alternative methods of paying home health agencies (HHA's) on a prospective basis for services furnished under the Medicare and Medicaid programs. The initial phase of the project involves the development of the specific payment methodologies (e.g., per visit, per diem, per episode); establishment of a research design and evaluation strategy; design of a process to monitor the quality of care provided under the demonstration; development of data collection and status reporting plans; and identification, selection and training of participating HHA's. The payment methodologies will then be tested for 3 years to determine the effects on Medicare and Medicaid expenditures, quality of care, and HHA operations. This operational phase is expected to begin in mid-1985.

DEVELOPMENT OF HOME HEALTH AGENCY COMPETITIVE BIDDING MODELS

A contract was awarded in June 1984 to the Center for Health Policy Studies, Inc., to design alternative models of competitive bidding for home health agency services under the Medicare and Medicaid programs. The contractor will be required to analyze strengths and weaknesses of possible models, including possible effects on access to and availability of services, and on Medicare and Medicaid expenditures. The contractor will develop in detail several models selected by HCFA and establish a research design and implementation strategy that could be used by HCFA to test the bidding models in a demonstration project. The contract will be completed in late 1985.

NEW YORK STATE LONG-TERM HOME HEALTH CARE PROGRAM—NURSING HOME WITHOUT WALLS

The New York State Long-Term Home Health Care Program (LTHHCP), also known as the "Nursing Home Without Walls" Program, was established in 1978 by the New York State Legislature. The State received from HCFA section 1115 waivers permitting Medicaid to reimburse for 10 additional services under the demonstration.

The program provides for an alternative to institutionalization for Medicaid clients who meet the medical criteria for skilled nursing facilities (SNF's) or intermediate care facilities (ICF's). A maximum expenditure for home care has been set at 75 percent of the reimbursement rate in a locale for SNF or ICF levels of care. The purpose of the program is to reduce fragmentation in the provision of home care services to the aged and disabled through a single entry system which coordinates and provides these services in several sites throughout the State.

During the initial years of the project, the program experienced slow caseload buildup and extensive delays in implementing the waivered services. However, by the end of the fourth project year (September 1982), 17 sites were actually operating, and the caseload had reached 983 patients. The demonstration phase ended in March 1984. Currently the State has expanded the program statewide under the authority of section 2176 (home and community-based services) of the 1981 Omnibus Budget Reconciliation Act.

The State expects to submit their final report by the end of December 1984. Abt Associates, the project evaluator, submitted a final draft of their report in August. We expect to release the report by December 1984.

SOUTH CAROLINA COMMUNITY LONG-TERM CARE PROJECT

The South Carolina Department of Social Services was awarded a section 1115 grant in September 1979 to conduct a demonstration to test community-based client assessment, services coordination, and provision of alternative services. In September 1981, the project received section 222 waivers to address the needs of project clients who are eligible for both title XVIII and title XIX benefits. It is anticipated that these changes will increase the utilization of home care services and, thereby, reduce reliance on acute care settings and lower the incidence of conversion from Medicare to Medicaid in nursing homes in the project area. The project's catchment area covers three counties: Spartanburg, Cherokee, and Union.

HCFA approved the State's request for a continuation through December 1984. The project is conducting an internal evaluation to determine the cost effectiveness of community-based services in meeting the needs of the clients. In November 1983, the project submitted a preliminary report to HCFA on the first year cohort after 18 months of project participation. This report indicates that the project is targetting to a very functionally impaired population whose Medicaid service costs and costs for case management are less than the Medicaid costs for the control group. A final report is expected in early 1985.

PREVENTION OF FALLS IN THE ELDERLY

In September 1984, a cooperative agreement was awarded to the Kaiser Foundation Research Institute to test the cost-effectiveness of different approaches to the prevention of falls in the elderly. The project will be conducted at the Health Services Research Center, Kaiser Permanente Medical Care Program in Portland, Oreg. Kaiser proposes a 3-year randomized trial of 1,000 elderly beneficiaries who will participate in one of three intervention groups and a control group. After an initial assessment visit, one group will be offered minor home renovations and the installation of safety equipment; a second group, the behavioral change group, will be offered a self-management educational curriculum, and the third group will be offered both the safety equipment and the curriculum. The project period will be 3 years with data collection for a 24-month period on all participants. Funding support for this demonstration will be supplemented by the National Institute on Aging and private foundation.

CONNECTICUT INCENTIVE REIMBURSEMENT PLAN FOR MEDICAID HOME HEALTH CARE SERVICES

In November 1984. the State of Connecticut received a 2-year award to conduct a demonstration project which will investigate the degree to which the payment of cash rebates to Medicaid recipients who use low cost home health agencies will be effective in lowering overall Medicaid home health care costs. The project will include 1,200 Medicaid recipients in Hartford, Conn. Project Hope's Center for Health Information Research and Analysis in Millwood, Va. will be the evaluator of the demonstration.

THE SOCIAL HEALTH MAINTENANCE ORGANIZATION DEMONSTRATION

A grant was awarded to the University Health Policy Consortium at Brandeis University in the spring of 1980, to develop and implement the concept of the social health maintenance organization (S/HMO) for long-term care. The S/HMO is a capitation financed delivery approach to the organization of health and social services in which an elderly population, including those at high risk of institutionalization, is voluntarily enrolled by a managing provider entity into an integrated service system. In it designed to address two of the most pressing problems in long-term care: (1) The fragmentation of services, and (2) the fragmentation of funding sources. The concept promises to integrate health and social services as well as acute care services.

All basic acute hospital, nursing home, ambulatory medical care services and personal care support services, including homemaker, home health, and chore services, would be provided by or through the S/HMO at a fixed annual prepaid capitation sum. Other offered services would include emergency psychiatric, meals (home delivered and/or congregate), counseling, transportation, information and referral. The provider either may employ staff or establish contracts with other providers for the services. In the S/HMO model, financial, programmatic, case decisionmaking and management responsibility rests with the provider entity. The S/HMO provider will be at risk for service expenditures and will be responsible for brokering other needed services not covered but which are available from other community providers. Financial risk is defined as absorption of agreed-upon costs which exceed a capitation agreement.

It is hypothesized that the S/HMO will reduce the number of expensive institutional days for enrollees as well as encourage significant changes in utilization patterns.

Four sites were selected for participation. They will all use common assessment instruments, comparable experimental populations, compatible management information systems and a common evaluation strategy. The Kaiser Foundation Health Plan in Portland, Ore. and the Ebenezer Society/Group Health Plan of Minneapolis, Minn. are health maintenance organizations which are adding long-term care services to their service package. Elderplan Inc., sponsored by the Metropolitan Jewish Geriatric Center in Brooklyn, N.Y., and the Senior Citizen Action Network (SCAN) of Long Beach, Calif., are long-term care providers which will be adding medical services to their packages.

The demonstration, which is mandated by Section 2355 of the Deficit Reduction Act of 1984 (Public Law 98-369), will provide answers to questions about cost/benefit effects of a S/HMO; the effects of integrated care on the elderly and on service costs; the administrative feasibility of the S/HMO model compared with the fee-for-services model; and the effects on quality of care.

The first S/HMO site became operational in December 1984.

INCENTIVE PAYMENTS FOR CALIFORNIA NURSING HOMES

The California Skilled Nursing Incentive Payment Project is designed to test a system of incentive payments as a means of encouraging skilled nursing facilities (SNF's) in San Diego to admit and provide quality care to severely dependent patients now being backed up in hospitals because of the amount and cost of care these patients require. Effective April 19, 1981, HCFA approved waivers of certain statutory requirements for this project so that the California Medicaid State agency might set nursing home payment rates which exceed the Medicaid reasonable cost requirements by the amount of the incentive payments. The total funding for this project is paid through a contract between the National Center for Health Services Research (NCHSR) and a private firm, Applied Management Sciences, Inc. (AMS).

Under the demonstration, AMS randomly selected SNF's for the treatment and control groups. Based on periodic patient assessments by specially trained nurses, the 18 treatment group SNF's received admission, discharge, and outcome incentive payments (for achieving patient-specific outcome goals). The operational phase of the project lasted from May 1981 through April 1983. Currently, project staff at NCHSR and AMS are performing the analysis for the project evaluation. The final evaluation report is projected for completion by the end of 1984.

HUD/HHS DEMONSTRATION FOR THE CHRONICALLY MENTALLY ILL

This demonstration is a joint effort between the Department of Health and Human Services (HHS) and the Department of Housing and Urban Development (HUD) to allow the chronically mentally ill to live more independently in the community through the provision of residential housing and services. Project coordination is carried out by an interagency work group from HUD and HHS, Health Care Financing Administration (HCFA), National Institutes of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation.

The demonstration began in 1978 with HUD approving section 202 direct loan reservations and section 8 rental assistance set-asides for sites in 39 States and NIMH approving the service program for each site. HCFA is committed to the provision of section 1115 (Medicaid) waivers to permit reimbursement for services not currently included under the State's Medicaid plan. Of the 26 HUD-approved States that initially indicated their interest in requesting waiver approval, 12 States (Minnesota, Georgia, Tennessee, Vermont, the District of Columbia, New Hampshire, New Jersey, Rhode Island, Arkansas, Washington, Connecticut and Maine) have received Medicaid waiver-only grant approval by HCFA. During the course of this demonstration, the waivers will cover reimbursement for services at the approved sites for a period of 3 years.

The objectives of the waiver-only grants are to determine the cost-effectiveness of providing care to the chronically mentally ill in residential settings and to determine the increase in functional independence and quality of life of the residents.

CASE MANAGED MEDICAL CARE FOR NURSING HOME PATIENTS

On July 1, 1983, HCFA granted Medicare and Medicaid waivers to the Massachusetts Department of Public Welfare, Medical Care Division, to permit fee-for-service reimbursement for the provision of medical services by physician-supervised nurse practitioners/physician assistants to residents of nursing homes. This will permit increased medical monitoring that will generate cost savings due to fewer hospital admissions and hospital outpatient visits. For those requiring a hospital admission, the physician-supervisor will be the admitting physician, thus providing a continuity that is frequently lacking in the present system of medical care. Massachusetts has conducted a pilot program in 10 nursing homes with medical services provided by the Urban Medical Group. This program will be expanded to serve a patient population of approximately 700 patients. In addition, other medical providers will be added, and ultimately 500 patients are expected to be served by 11 providers (individuals or groups of physicians). The objectives of the demonstration are: to explore the feasibility and desirability of the use of nurse practitioners/physician assistants to provide medical care to residents of nursing homes and to test the cost effectiveness of this delivery system.

ON LOK'S AT-RISK, CAPITATED PAYMENT DEMONSTRATION

As of November 1, 1983, in response to the congressional mandate of section 603(c) (1) and (2) of the Social Security Amendments of 1983, HCFA granted Medicare waivers to the On Lok Senior Health Services and Medicaid waivers to the California Department of Health Services. Together, these waivers permited On Lok to implement an at-risk, capitated payment demonstration in which 300 frail elderly individuals are provided a comprehensive array of health and health-related services.

Under On Lok's Community Care Organization for Dependent Adults (CCODA) demonstration that began in 1979 and ended on October 31, 1983, a single source, cost-based, reimbursement system (Medicare) was used to provide funding for all health and health-related services to On Lok's CCODA participants who were certified by the Department of Health Services as eligible for institutional placement at the time of admission. Reimbursement for services was provided by HCFA under section 222 waivers.

This new demonstration is maintaining On Lok's comprehensive community-based program but has modified its financial base and reimbursement mechanism. All services will be paid for by a prospective capitated rate from both Medicare and Medicaid (Medi-Cal). The Medicare rate is based on the adjusted average per capita cost (AAPCC) for Medicare's institutionalized population. Individual participants may be required to pay copayments, spenddown income or divest their assets based on their financial status and eligibility for either or both of the programs. On Lok is at risk if expenditures exceed the capitated rates of both Medicare and Medi-Cal.

RESPITE CARE CO-OP FOR IMPAIRED ELDERLY

This feasibility study is developing a model cooperative to provide respite for family caregivers of impaired elderly. The model relies on volunteer family caregivers with a minimum number of paid staff to coordinate the process. The objectives are: to study the feasibility and cost of developing a model cooperative designed to prevent exhaustion of family members, to eliminate the need for more intensive and/or expensive care, and to prevent unnecessary institutionalization of the elderly. The model is a cooperative committee composed of impaired elderly, their family caregivers and representatives from community agencies. The committee, with a program coordinator, works to establish policies and procedures and to recruit families to participate. Family members pay for care received with care given. The co-op model is professionally guided self-held and volunteerism, with the caregiver as both service provider and service recipient. The evaluation will provide data to measure satisfaction and impact on well-being of clients and caregivers, cost-elffectiveness and avoidance of use of more costly and restrictive living circumstances.

THE EFFECTS OF ALTERNATIVE FAMILY SUPPORT STRATEGIES

This project is designed to study the effects of various support programs provided to families that care for their elderly members at home. The support programs include:

(1) Paid respite care in various settings, up to a maximum yearly dollar limit per family.

(2) Family training and case management; and

(3) Paid respite care in conjunction with family training and case management.

The purpose of providing the support programs is to encourage and enable family members to maintain their role as primary caregivers in order to prevent or delay the permanent institutionalization of their elderly relatives.

The Long-Term Care Center and the Institute of Aging of the University of Washington (Seattle, WA) are cosponsoring the project, which will be offered in the King County area. To take part in the project, a dependent family member must be: (1)

age 65 or over, and (2) entitled to hospital Insurance (Medicare part A) or eligible under the Medicaid program. Three providers will participate in the project to offer families a choice of paid respite care: Community Home Health Care, Norwest Day Health Center for Adults, and Northwest Progressive Care (a nursing home which offers both skilled and intermediate levels of inpatient care).

The design for this project calls for a total population sample of 600 family units (each consisting of an elderly dependent member and a family caregiver). The family units will be randomly assigned—either to one of several experimental groups receiving one or a combination of the support programs (500 family units) or to the control group (100 family units). Families receiving paid respite care alone or the mix of paid respite plus training/case management services (200 family units) may use any combination of the paid respite care up to a maximum dollar limit per family (an annual limit of about $900). The service phase of the project began in April 1984 and will continue through September 1985. The final evaluation report is expected in late 1986.

NURSING HOME SURVEY/CERTIFICATION AND INSPECTION OF CARE

There have been three States involved in survey/certification and inspection of care demonstrations. The Wisconsin Nursing Home Quality Assurance Project was completed in 1982. Under this experiment, the State performed a streamlined survey process that also met the requirements of medical and independent professional review in an attempt to improve the quality of nursing home care. The Massachusetts Survey-by Exception Project developed and tested a method of conducting nursing home surveys so that the intensity of the regulatory efforts was matched to the needs of particular facilities. The New York State Nursing Home Quality Assurance Program tested the simplification of the federally mandated periodic medical review/independent professional review processes in nursing homes and combined the process with the annual facility survey. Surveyors used 11 sentinal health events (SHE), such as accidents, decubitus ulcers, and medication regimen to determine if nursing home patients are receiving adequate care. Facilities found to have fewer than the average problems in these areas received a less than full facility survey. This combined medical review and survey method reduces surveyors' time and allows State personnel to focus on facilities and patients with major problems. The State has indicated that it is taking more corrective actions than usual as a result of the new processes, but that fewer facilities are being cited for minor problems.

An evaluation of the Wisconsin project was conducted by Wisconsin Health Care Review, Inc. Further analyses of this project and the evaluation of the Massachusetts and New York projects are being performed under a contract with Mathematica Policy Research, Inc. The evaluation contractor has completed data collection on all three projects. The evaluation will determine:

(1) The reliability and validity of the new methods compared to the old ones;

(2) The effectiveness of the new methods in eliminating or sanctioning poor quality care; and

(3) The actual and potential cost savings of the methods.

In addition, the contractor is comparing and contrasting the methods used in these three different projects to estimate how the quality assurance process can be improved to reduce costs and allow the States appropriate flexibility. The draft of the final report has been received and is being reviewed. The report should be available the first part of 1985.

In addition to these demonstrations, the Massachusetts Statistical Quality-Control Approach to Inspection of Care Project began in February 1983. The main objective of the project is to verify that patients in nursing homes are receiving appropriate care at the appropriate level, without reviewing every patient. Current law requires a review of all patients in a facility to verify the appropriateness of care and placement. This project will use statistical sampling techniques to achieve these goals so that surveyor time can be reallocated to other quality assurance activities. Criteria have been developed for determining which facilities are appropriate for the sampling process. The procedures for sampling patients, including safeguards to control statistical biases, have been refined. The project became operational in August 1983 and will be completed in 1986. This project will have a separate evaluation.

NEW YORK STATE CASE MIX PROSPECTIVE REIMBURSEMENT SYSTEM FOR LONG-TERM CARE

The New York State Department of Social Services was awarded a section 1115 grant, effective August 7, 1983, to develop, test and refine a long-term care prospective reimbursement system based upon clusters of patient characteristics. This is a

3-year grant being conducted by the New York State Department of Health and Rensselaer Polytechnic Institute. The system will build upon the results of research conducted at Yale University which developed clusters of patients in relation to staff resources used (Resource Utilization Groups, RUG's). The purpose of the project is to promote efficiency by associating payment levels with patient characteristics which indicate the amount of actual services needed by patients.

The first step is to validate the RUG's by determining whether additional or different patient clusters are appropriate for New York. Data has been collected on 3,500 patients and staff from 50 facilities stratified by level of care, ownership, region, size, current case mix intensity and a willingness to participate in the project. From these data, patient groups will be developed using AUTOGRP (a clustering program). These patient clusters will be compared to those derived at Yale, using Klastorin's techniques to demonstrate whether the same patients would be grouped in the same RUG under each system.

The second step will be to analyze the nursing home resource consumption in relation to the new patient classification system. The analyses will break down total facility costs into those which are related to case mix and those which are not. Data from certified facility cost reports and other sources will then be used to calculate a dollar value per relative value unit for each RUG or case mix index value.

The third and final step in the development phase will be to translate the case mix and cost information into a reimbursement system. The State prospective reimbursement rate will incorporate: case mix intensity, fixed cost of the group of services shared across all residents, and overhead expenses related to facility characteristics.

TEXAS LONG-TERM CARE CASE MIX REIMBURSEMENT PROJECT

The Texas Department of Human Resources was awarded a section 1115 cooperative agreement effective September 30, 1984, to develop a prospective reimbursement method based on facility case mix. The reimbursement method will be designed to match reimbursement rates more closely to patient characteristics and service requirements than the present flat rate system. The project will build upon the methodologies developed in New York and other States. The purpose is to contain costs while restructuring financial incentives to allow Medicaid patients improved access and quality of care.

The first step will be development of the data collection methodology, including the revision of patient assessment instruments to collect patient characteristics and staff time comparable to New York's information. Data will be collected on 2,000 patients and staff from 50 facilities stratified by certification type, ownership, size, current case mix intensity and willingness to participate in the project. From these data, patient groups will be developed using several statistical methods for grouping patients including AUTOGRP and GOM. These patient groups will then be compared to those used in other classification systems.

The second step will be to analyze the nursing home resource consumption in relation to the patient grouping methods. Following this, selection of a classification and reimbursement system for demonstration will be made and a demonstration project will be designed to compare cost containment, patient access and quality of care to the present system.

INPATIENT GERIATRIC RESEARCH CONTINENCE PROJECT

The Gerontology Research Center (GRC) of the National Institute on Aging (NIA) will conduct a demonstration to test whether providing bowel and bladder training to incontinent skilled nursing facility (SNF) patients can reduce the cost of caring for the patients. For the past several years, GRC has conducted a clinical study on ambulatory outpatients who suffer from bowel and/or bladder incontinence. The procedure used to assist these patients in achieving bowel or bladder control utilizes biofeedback and other behavioral modification techniques. The use of this training showed marked improvement in the majority of the patients in the study. Under joint funding from NIA and HCFA, GRC will test whether these and other training procedures will be as effective on an inpatient basis with SNF patients. The demonstration, which will run for 3 years, is expected to start training patients in January 1985.

FUTURE DIRECTIONS FOR LONG-TERM CARE DEMONSTRATIONS

During 1984, HCFA devoted substantial staff resources on the further development of demonstrations to test the cost-effectiveness of a prospective payment system for nursing homes and home health agencies. Refinement of methodologies which take into account patient case mix in setting prospective rates for nursing home and specifying the elements of per visit, per diem and per episode rate setting approaches for home health agencies were just some of the activities accomplished in this area during 1984.

Staff also provided considerable assistance to the national channeling demonstration States and sites as they developed their plans for transition and termination. Staff also helped in the phase down of many of the HCFA-funded community care demonstrations listed above.

We will continue to test alternative financing schemes for long-term care services, including patient-related or case mix based prospective payment and competitive bidding systems for skilled nursing facility and intermediate care facility levels of care. We also intend to test the effectiveness of innovative State, local and private program to promote home care by the family or by other community support arrangements, e.g., projects which focus on long-term care populations such as (a) Alzheimer's patients, or (b) institutionalized elderly or persons at risk of institutional care because they have no family network and which provide in-home or other support services (adult day care, adult foster care or shared housing) to substitute for or deter the institutional care of such persons.

LONG-TERM CARE RESEARCH

Long-term care research in ORD can be classified according to four objectives: developing prospective payment systems for long-term care; promoting alternatives to long-term care; assessing and evaluating long-term care programs; and supporting data development and analyses. Plans are being developed to examine the effect of the hospital prospective payment system on long-term care providers.

I. PROSPECTIVE PAYMENT

In the area of prospective payment, studies of case-mix differences and their incorporation into payment systems are being conducted. This also includes analyses of State Medicaid payment systems.

Case-Mix Studies

The escalation of nursing home expenditures and the demand for services make it essential that methods be developed which ensure that long-term care resources, which will become increasingly scarce, be properly matched with those most in need. The current payment system has been criticized for failing to differentiate according to the resources consumed by each nursing home resident, e.g., payment is the same for patients having less intensive needs compared to patients with "heavy care" requirements. This has resulted in problems of access to care for the latter group of patients. In order to solve this problem, appropriate systems to quantify the long-term care needs of the elderly patient are required.

A variety of methods, including case-mix, have been designed which evaluate resource consumption of nursing home patients with the goal of developing more appropriate payment systems. The Developments in Aging report (1983) described HCFA's case-mix studies at the University of Colorado and Yale University. The University of Colorado study has provided case-mix comparisons of Medicare and othe nursing home patients and comparisons of patients in hospital-based and freestanding nursing facilities. The principal findings were:

(1) Medicare patients are more seriously ill from a medical perspective and possess greater rehabilitation potential than other long-term care patients.

(2) Non-Medicare patients tend to be more dependent in functioning, as measured by activities of daily living (ADL's) and have more traditional long-term care problems (impaired mobility, depression, mental problems).

(3) In general, patients in hospital-based nursing homes tend to be more dependent in ADL's, have more traditional long-term care problems, and have more medically oriented problems than do patients in freestanding nursing homes.

In its final year, the project will assess the cost effectiveness of nursing home and home health care for patients with the following problems: stroke, decubitus ulcers, congestive heart failure, urinary incontinence, and mental problems.

A recently funded project at Yale University is continuing their earlier work on the correlation between long term patient characteristics and the resources required for their care. The purpose of this research is ultimately to refine resource utilization groups (RUG's) and design a case-mix system which could provide a basis for differential payments to nursing homes based on the intensity of services consumed by groups of patients with similar care needs. These payments potentially could include nursing costs and costs of rehabilitative services, such as physical and occupational therapy.

Using a data base that contains information on the characteristics and resource consumption of 1,000 Medicare patients, researchers at Rennselaer Polytechnic Institute plan to develop a patient classification system for Medicare SNF patients. The role of diagnostic variables and service/treatment variables as part of the classification system will be evaluated. This project will also develop relative case-mix weights for each classification and develop methods for HCFA to use in computing total weights for all resources within long-term care facilities. Lastly, the Medicare classification system will be compared to the case mix system developed for long-term care in New York State (this project is discussed in the section on demonstrations).

Medicaid Payment Studies

Several States are currently using different methods of nursing home payment for Medicaid patients, some of which incorporate case-mix. Studies are underway which are evaluating the design and implementation of these systems and their effectiveness in achieving the goals of containing costs, maintaining or improving quality and ensuring access.

The University of Colorado has a 4-year grant to compare long-term care payment systems in seven States. West Virginia, Ohio and Maryland will be used as examples of case-mix States. Florida and Colorado will be studied as States with facility-specific prospective systems that do not incorporate case-mix directly but still treat direct patient care costs separately from other cost centers. Arkansas and Utah will be used as States that utilize class rates for either the entire payment rate or the noncapital rate components. Results are expected in 1988.

The University of Southern Maine is studying the nursing home prospective payment system in Maine. The study will conduct a 3-year preprospective payment and 3-year postprospective payment impact analysis on cost, quality, and access. Results are expected in early 1987.

II. PROMOTING ALTERNATIVES IN LONG-TERM CARE

Research activities in this area can be classified into two major divisions: community-based alternatives to institutional care; and alternatives to current financing mechanisms of long-term care.

Community-Based Alternatives

While nursing home care is appropriate for a small subset of the elderly population, evidence indicates that a substantial proportion of those who have been institutionalized could have continued to reside in the community with adequate support. Most aged persons with functional limitations prefer to remain in the community as long as possible. Noninstitutional approaches are being developed with the objectives of avoiding or delaying unnecessary institutionalization, maximizing the independence and well-being of the elderly, and providing care in the most cost-effective manner.

Current studies focusing on community-based alternatives to intitutional care include such issues as family caregiving, utilization of home health services, determinants of public and private contributions in long-term care provision and provision of noninstitutional services by nursing homes.

A study by Abbott Northwestern Hospital will replicate the methodology used in another HCFA funded study (Hunter College, 1982) to examine the family caregiving system of the elderly in Minnesota. Unlike the Hunter College project, the sample for this study will be drawn from hospital patients rather than from clients of home health and other community-based agencies. It will also include rural as well as urban residents. Results are expected in late 1986.

The Community Service Society is examining the effects of provision of home services programs to functionally disabled adults in New York City. Initial findings from the Community Service Society study show that 60 percent of the disabled elderly were discharged from hospitals without having home services arranged for them by the hospitals. It also found that hospitals primarily used their limited resources to arrange for institutional placements. Final results are expected in late 1984.

The University of Maryland is examining determinants of public and private contributions to long-term care of the elderly who are disabled by hip fractures. The impact of family size and composition, social support, family economic resources, and the aged individual's physical and mental health will be analyzed in terms of the decision to enter a nursing home or return home. The results are expected in late 1986.

A study by the North Carolina Health Care Facilities Association is examining: (1) willingness of North Carolina nursing homes to provide noninstitutional services (e.g., home health, adult day care and nutritional services.); and (2) changes in demand for noninstitutional long-term care services as a result of the Home and Community-Based Waiver Program, authorized by section 2176 of the Omnibus Reconciliation Act of 1981. Findings indicated that over 20 percent of the nursing homes who responded to the surveys already delivered some services to nonresidents. Greater expansion in this area was also anticipated partly because the 2176 waiver program would function as a referral and funding source. Survey answers suggested several major reasons why nursing homes are interested in providing these services. These include:

—To make better use of existing capacity (equipment, space, personnel).

—To enhance the visibility of the facility both to the general community and to potential referral sources.

—To provide after-care services for recently discharged nursing home patients.

This study also found that in North Carolina, due to the stringent financial eligibility criteria for Medicaid, there was a relatively small pool of persons living in their own homes that were both medically and financially eligible for the 2176 waiver program. Hence, it was not surprising that their preliminary evaluation of this program showed that the presence of the waivers in a particular county was not related to changes in demand and had little impact on overall Medicaid expenditures.

Alternative Financing Mechanisms

With the rapid escalation of public expenditures for long-term care and the projected growth in the elderly populations, many different alternatives to current financing mechanisms are being investigated. Two studies have recently begun which are examining the potential for increased family support, either through tax incentives or cost sharing under family responsibility laws. The market for long-term care insurance is also being assessed. Another area being examined is the use of life care centers as a private funding mechanism for long-term care services. HCFA's interest is whether Medicare and Medicaid service use and costs are lower for life-care residents than for comparable community residents.

In the first study, the Center for Health and Social Services Research will evaluate four State tax incentive programs (Idaho, Iowa, Arizona, and Oregon) for encouraging informal caregiving assistance to the elderly. Results are expected in late 1986. The second study by the Hebrew Rehabilitation Center for the Aged is studying the potential of alternate payment schemes for long-term care by children of elderly. The research will: (1) provide an estimate of children's resources available to share in the costs of long-term care; (2) assess the attitudes of those children towards family responsibility proposals for sharing long-term care costs; and (3) assess the market for long-term care insurance. Results are expected in mid-1985.

In the life care area, Duke University has begun a study which will compare life care residents with community residents over time with respect to functional status and health service utilization and costs. The study will analyze existing longitudinal data. Study results are expected in late 1985.

III. PROGRAM ASSESSMENT STUDIES

Medicare Studies

Another group of research studies investigate specific aspects of Medicare long-term care policies. For example, as requested by section 904C of the Omnibus Budget Reconciliation Act (OBRA) of 1980, the University of Colorado is conducting the evaluation of the "swing-bed" program under Medicare and Medicaid. Among the issues to be examined in this evaluation are: the effect of such programs on availability and effective and economical provision of long-term care services; whether such programs should be continued and whether eligibility to participate in the program should be extended to other hospitals, regardless of bed size or geographic location, where there is a shortage of long-term care beds. Results are expected in mid-1986. A second study, mandated by section 122(j)(1) of the Tax Equity and Fiscal Responsibility Act of 1982, is evaluating the implementation, cost, utilizations, and quality of care rendered through the new Medicare hospice benefit. This study will be available by December 1985.

ORD is continuing work on three studies concerning coverage and reimbursement of home health services. Two studies, mandated by Public Law 96-499, the Omnibus Reconciliation Act of 1980, will assess Medicare home health coverage for respiratory therapy and registered dietitian services. The third study, mandated by Public Law 97-414, analyzes current and alternative payment methods for home health serices. All three studies will be submitted to Congress during 1985.

In October 1982, Congress expanded the Medicare benefit structure to include hospice care and created a new type of provider—hospices. The hospice benefit was authorized only to October 1986. HCFA is evaluating the program experiences with the hospice benefit. Studies are addressing the issues of whether the coverage provisions of the benefit and the reimbursement methods are fair and equitable and promote the most efficient use of hospice care. The evaluation will analyze hospice costs, Medicare expenditures for hospice services, and the impact on the use and expenditures for other Medicare-covered benefits. An initial report to Congress is due January 1986; a more comprehensive report is scheduled for January 1987.

Medicaid and Other Public Programs

In recent years, a number of different programs have been initiated by State and Federal governments to improve the delivery and financing of long-term care services. There are several projects underway to assess such programs. The University of California at San Francisco is examining the impact of State discretionary policies in Medicare/Medicaid, title XX and Supplementary Security Income affecting long-term care services in eight States (California, Florida, Massachusetts, Missouri, Pennsylvania, Texas, Washington, and Wisconsin). The study covers a period in which States' orientations to Medicaid and social service budgets changed from continuous expansion to fiscal restraint. While the major findings pertain to the detailed changes in each State, the following generalizations are supported by the data:

(1) General fiscal condition explained a great deal of each State's program changes over the period. States without severe economic crises made few changes in Medicaid and social services.

(2) Despite differences in economic condition, States maintained the same rank order in program "generosity." The States with more generous programs remained so.

(3) States used various means to achieve fiscal control, including changes in eligibility, benefits, reimbursement, and administrative procedures. Reimbursement changes were expected to achieve the most savings.

Virginia Commonwealth University assessed Virginia's preadmission screening program for nursing home placement. The final report for this project was submitted in June 1984. Data from this study suggest that screening and minimal care management can be effective in identifying those frail elderly who can be appropriately cared for in a community-based setting at lower cost to the Medicaid program.

Another program assessment study involves the mentally retarded and developmentally disabled (MR/DD). The intermediate care facilities for the mentally retarded (ICF/MR) is one of the fastest growing benefits in the Medicaid program. The University of Minnesota is updating the only national information system on long-term care services for the mentally retarded and developmentally disabled. National surveys of residential facilities and State statistical offices have been conducted to monitor deinstitutionalization trends. Findings are available from a preliminary analysis of 26 States' responses to section 2176 in terms of its impact on the mentally retarded. It found that almost 62 percent of the States studied planned to serve the MR/DD population under the waiver program. Case management was the service most often included in the States' waiver request. For the MR/DD groups habilitation services were the second most frequently requested service. States generally planned to move the MR/DD population to less intensive types of long-term care facilities under the waiver since return to the client's home was not feasible for most cases. The final report is due in mid-1985.

On September 30, 1983 HCFA's Office of Research and Demonstrations began a 3-year project to assess the changes made in the Medicaid program as a result of recent legislation. The Medicaid Program evaluation will focus principally on program changes since the Omibus Budget Reconciliation Act (OBRA) of 1981, an Act which considerably increased State flexibility in determining eligibility, reimbursement and coverage under the program.

Issues for study were selected by interviewing over forty Medicaid policy-makers regarding evaluation needs. The key components of the evaluation are:

a. Home and Community Based Waiver Program

Under Section 2176 of OBRA 1981, States under a waiver may institute a variety of home and community-based services to individuals who "but for" the waiver would be in long-term care institutions:

(1) Has the program reduced institutionalization?

(2) Has the program reduced costs?

(3) Has there been cost shifting from other programs, specifically title XX of the Social Security Act and title III of the Older Americans Act?

(4) Can we identify the elements of a successful program?

This phase of the evaluation is being conducted by LaJolla Management, Inc. A report to Congress on this aspect of the evaluation will be completed early 1985.

b. Financial incentives for family care

Although 2176 does not provide specifically for payments to families, several States provide financial support through direct payments or tax incentives to family members to help them to care for their elderly relatives in the home. The major questions are:

(1) What programs are in operation?

(2) What have been their costs and savings?

(3) Who are the beneficiaries of such programs, and what are their characteristics?

(4) What are the characteristics of functionally limited persons living in the community which permit them to avoid institutionalization?

(5) What are the characteristics of successful programs?

LaJolla Management, Inc. is also conducting this part of the evaluation.

c. Inpatient hospital reimbursement

To help bring hospital costs under control, ORBA 1981 granted the States new flexibility in the establishment of inpatient hospital reimbursement methods. Major questions are:

(1) What responses have States made to the options permitted by Federal Law?

(2) Have reductions in expenditures resulted?

(3) Specifically, what has been the impact of the California program? Two other State programs will be studied for comparison.

(4) What have been the effects on recipients and providers of care?

(5) Have costs been shifted to private payors?

(6) To what degree and in what ways has the implementation of Medicare prospective reimbursement impacted State Medicaid program?

Abt Associates is conducting this part of the evaluation.

d. Freedom of choice waivers

Under Section 2175 of OBRA 1981, States may institute a variety of programs (with and without waivers) to reduce costs by limiting the provision under Medicaid which guarantees freedom of choice of provider. Major questions are:

(1) How have the States responded to this provision?

(2) Have there been program savings?

(3) How have access to and quality of health care been affected?

e. Eligibility

OBRA 1981 contained several changes which directly and indirectly reduced the number of persons eligible for Medicaid. The major questions are:

(1) How have the States responded to these provisions?

(2) How have eligibility changes in related programs (AFDC and SSI) affected Medicaid enrollment?

(3) How have entitlement and expenditures been affected?

(4) How has the reduction in Medicaid coverage affected other assistance programs, out of pocket expenditures, and costs to hospitals and other payors?

f. Cost-sharing

Under TEFRA 1982, States are permitted to impose nominal copayments, with certain limitations, to reduce program outlays and to instill cost-consciousness on the part of recipients. Major questions that arise are:

(1) How have the States responded; and

(2) What has been the effect of copayments on utilization and costs?

g. Federal financial participation

OBRA 1981 provides for the reduction of Federal matching funding for three years, beginning October 1, 1982, subject to certain exemptions. The major questions are:

(1) Which States were exempted from the reductions and for what reasons?
(2) How much did the Federal Government save?
(3) How did the States adjust to reduced funding?

h. Subsequent legislation

Medicaid changes enacted in 1983, 1984 and 1985 will be reviewed and evaluation issues addressed.

i. Synthesis

A final task of the evaluation will be an annual interpretive synthesis of the study results.

Evaluation components (d) through (h) are being conducted by James Bell & Associates. The project will produce interim annual reports on all studies. The completed report is expected to be available in 1986.

Expansion of the Role of Nurse Practitioners

HCFA is also investigating the expanded role of nurses in the long-term care area. A study by the Rand Corp. is evaluating the potential of the use of geriatric nurse practitioners (GNP) for improving outcomes of care and containing costs in skilled nursing facilities. Rand is assessing this potential by evaluating the effects of the Mountain States Health Corp.'s GNP demonstration project. Results of this study will be available in late 1986.

IV. DATA DEVELOPMENT AND ANALYSIS

In the past, information on the health status and health care utilization of the long-term care population has been drawn almost exclusively from cross-section surveys, such as the national nursing home survey. While useful, cross-section data have limitations. Two longitudinal survey efforts are completed or underway to provide a better picture of the transitions of disabled elderly living in households and of institutionalized patients.

Longitudinal Surveys and Analyses

The long-term care survey interviewed 6,000 disabled elderly living in households in 1982 to determine the extent of their dependencies, utilization of both informal and formal services, and their income and assets. Descriptive reports will be produced beginning in the spring of 1984. Currently planned are reports on demographic characteristics, ADL's and IADL's, formal and informal supports services, and income and assets. In 1984, these same persons will be resurveyed to determine how they have fared since 1982. The resurvey will enable us to identify the most important factors that enable persons to remain in the home. In addition, those persons who are in institutions as well as persons who were not previously disabled will be included. This entire sample should provide a total picture of the functionally limited elderly.

The admissions cohort survey, a part of the 1987 national nursing home survey, is tracking persons for a minimum of 12 months after admission to nursing homes. This survey focuses on the transitions that occur 12 months after a nursing home admission.

Longitudinal analysis and projections are also being conducted under a grant to Duke University. The grantee has developed state-of-the-art statistical methods for using mortality data to estimate and project the incidence of specific chronic diseases (e.g., cancer). The grantee will use HCFA sponsored survey data, including the long-term care survey, to forecast future changes in health status of the aged population and service needs.

A Harvard University project which was funded in July 1984 will collect the fourth series of self-reported information from the Massachusetts Health Care Panel study cohort. The cohort consists of persons who were in 1974 selected in a statewide probability sample of persons 65 years of age or older. Harvard will analyze the data from each series of interviews to determine indications of functional decline prior to death, predictors of long-term institutionalization, and interrelationships among physical, behavorial, and social characteristics and subsequent health care and social services use and mortality.

Other HCFA Data Activities

Ongoing HCFA data activities include reports on long-term care services and development of national Medicaid statistical systems.

Certain information concerning long-term care services is routinely abstracted from the Medicare claims payment system and reported by HCFA. These are long stay hospitals, skilled nursing facilities, and home health services. Data relate primarily to length of covered stay, amount reimbursed for servicces, and types of facilities. Trend data is routinely available for these items.

HCFA is continuing work to enhance national Medicaid statistics by obtaining person-level data from state Medicaid management information systems (MMIS). Major project goals include the development of uniform data sets among participating states; production of standard reports describing enrollment, use and expenditures under Medicaid; and support for special studies that focus on important policy, program management or other research issues for Medicaid. HCFA has obtained MMIS data from five states: California, Georgia, Michigan, New York, and Tennessee for the years 1980 through 1982 and is requesting data for 1983 and 1984. Data are extracted for enrollees, providers and claims for all types of Medicaid services, including long-term care. While these data will be used for many purposes, one of the key uses will be to analyze the use and expenditures of long-term care services and to study the total care provided to institutionalized individuals under Medicaid.

V. CONFERENCE ON LONG-TERM CARE FINANCING AND DELIVERY ISSUES

The Health Care Financing Administration sponsored a conference for policymakers and others in Washington, D.C., January 24, 1984, to discuss several initiatives in the financing and provision of long-term care.

The conference focused on a variety of private, public, and community efforts that are providing solutions to the varied and complex issues relating to long-term care financing and delivery.

The papers presented at the conference addressed concepts, issues, feasibility, barriers, and real world experiences in developing and implementing various programs and approaches. Topics included long-term care insurance, life care communities, home equity conversion, social/health maintenance organizations, State and Federal tax modifications, family care, housing, and volunteerism.

A report of the proceeding of the conference was published to serve as a source document for the health care community interested in exploring several innovative methods for delivering and financing long-term care for older persons.

PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

National Institute on Alcohol Abuse and Alcoholism

Alcohol problems among elderly Americans are of increasing concern. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports research to determine the incidence and prevalence of alcoholism and alcohol abuse among problem drinking in this population. The following activities were carried out during fiscal year 1984.

NATIONAL ALCOHOL RESEARCH CENTER ON THE ELDERLY

The NIAAA supports for a second year a National Alcohol Research Center at the University of Florida which focuses on the causes and consequences of alcohol abuse in the elderly. Eight separate research activities are conducted at the center. Social, psychological, and biological antecedents are examined in various subpopulations of human subjects. Also, animal studies are undertaken to evaluate the interaction between alcohol abuse and aging in producing pathological changes in organ systems. This research is carried out in collaboration with the University's Center for Gerontological Studies. The eight components for this center are:

—Two epidemiological/etiological studies: (1) Data collected on the prevalence and incidence of alcohol abuse among elderly individuals in Florida and comparisions are made with other age groups; (2) a social-psychological theory of alcohol behavior among the elderly is developed and tested longitudinally.

—Changes in drinking behavior after retirement: A longitudinal prospective study for measuring human time allocation to alcohol consumption and other activities is developed for use in a sample of retired persons. Postretirement changes in drinking behavior are related to preretirement activity patterns.

—Human autopsy study: Histology, synaptic receptors, membrane structures: The combined and separate effects of alcohol and aging are investigated at the cellular level using brains obtained during autopsy from aged and younger subjects.
—Comparisons of changes in aging human and rat cells induced by ethanol: Membrane fluidity (structure) and phosopholipid metabolism are examined in human and rat blood cells and mast cells during aging and in connection with alcoholism after baseline values are correlated with physiological and psychological data obtained from human subjects.
—Development of model of chronic alcohol administration in aged rats: A model of chronic alcohol abuse is developed in an aging inbred rat strain to investigate the hypothesis that chronic alcohol administration results in severe pathological effects on the tissues of the aged animals.
—Chronic effects of alcohol and aging; autonomic control of the heart: Ethanol-induced anatomical, electro-physiological, mechanical, and receptor mediated changes are examined in the hearts of adult and old rats to develop an animal model for alcohol-induced heart disease with aging as a compounding risk factor.
—Alcohol-aging interactions in rat hippocampus: The rat hippocampal region of the brain is used as a model system to compare the pathological changes in neuronal morphology and function induced by chronic ethanol exposure in young and aged animals.

WORKSHOP ON ALCOHOL PROBLEMS AMONG THE ELDERLY

NIAAA, in collaboration with the National Institute on Aging (NIA) and the National Institute of Mental Health (NIMH) organized a workshop on the nature and extent of alcohol problems among the elderly, which was held at the Washington University School of Medicine in St. Louis, Mo., on November 3-4, 1983. The workshop is seen as the first step in encouraging increased research in this important area and providing an increased focus on the elderly in the extramural grant program. (Publication of the workshop proceedings is projected for December 1984.)

Papers were developed for the workshop using new data on problem drinking obtained from the epidemiologic catchment area grantees of NIMH. Other papers included those from NIAAA's Elderly Center and from the Boston normative aging study supported by the Veterans' Administration.

Collaboration with NIA to foster alcohol research pertaining to the aging continues with the expectation that this will lead to increased knowledge in the area. Publication of the proceedings from the workshop is designed to provide a knowledge base on which to build research, and to stimulate research interest in this area.

As an outgrowth of the workshop, one grant application from a participant has been recommended for funding. Furthermore, an additional three applications have been submitted for the November 1, 1984, deadline.

MEDICARE AND MEDICAID ALCOHOLISM TREATMENT DEMONSTRATION

The NIAAA and the Health Care Financing Administration continued a 4-year demonstration in six States of extending benefits to include alcoholism treatment services in outpatient and nonhospital residential treatment programs. Presently medicare and medicaid generally do not reimburse for alcoholism treatment in other than a hospital setting. Nonhospital settings for treatment are significantly less expensive and more widely available.

Under the demonstration, initiated in fiscal year 1981, alcoholism treatment services are being provided by almost 80 programs in the following States: Connecticut, Illinois, Michigan, New Jersey, New York, and Oklahoma. Connecticut and Oklahoma are demonstrating the expansion of covered services under medicare only and the program in Oklahoma has an Indian patient emphasis.

In the past 15 months of the demonstration, over $1 million in services were provided to medicare beneficiaries and about twice that amount in medicaid services was furnished some 3,000 medicare and medicaid eligibles. (Almost one-half of the medicare eligibles receiving alcoholism services under the demonstration were under 65, thus qualified for medicare due to a major and longlasting disability.)

An evaluation of the demonstration results is ongoing and will determine the extent to which the following demonstration objectives are met:
—Provide payment for alcoholism treatment in freestanding facilities.
—Assure, through quality control, a system of effective and efficient service.
—Provide appropriate treatment emphasizing nonphysician personnel.
—Document the role of nonphysician personnel in treatment administration.
—Develop beneficiary awareness programs appropriate to the populations served.

—Provide ready access to services to all eligible persons in target area.
—Analyze and evaluate all available data under separate evaluation contract.
—Recommend, based on demonstration, revisions in current medicare and medicaid legislation and policies that will result in lower cost delivery of quality services.

EPIDEMIOLOGIC RESEARCH

The NIAAA collaborates with the National Center for Health Statistics (NCHS) in the collection and analysis of alcohol-specific data. Two surveys, undertaken in 1983, will provide valuable information on the prevalence and the nature of alcohol problems among the elderly.

(1) HANES I Followup Survey: The NIAAA is collaborating with the NCHS to gather alcohol use data in their Health and Nutrition Examination Surveys (HANES), with special work related to the elderly. A cohort from the HANES I has been identified and is currently being reinterviewed about health practices, habits, and problems over the intervening years. Those lost to followup because of death will also be a part of the analysis. Cause of death and contributing conditions as well as proxy information about the decedents will be compiled and analyzed. This survey will yield longitudinal information about alcohol problems and health effects. A data tape summarizing the Northeast sample subset became available in late 1983; the complete data set will be available in late 1984. (The complete data tapes are now being cleaned and edited.) This survey was both for the longitudinal dimensions of potential analysis and for the opportunity to assess mortality patterns within the original sample, particularly among older age groups. The inclusion of proxy respondents for decendants will allow dietary intake, lifestyle habits, and previous or chronic morbid conditions to be related to both cause of death and to life expectancy, and subsequent analysis will be oriented to determination of risk factors and their contribution to premature death.

(2) National Health Interview Survey (NHIS), 1983 Alcohol Supplement: Field work has been completed on the NHIS, 1983 Alcohol Supplement and was administered to over 25,000 randomly selected adults. The survey is the largest and most comprehensive ever conducted of its kind, and will provide baseline information about the underlying alcohol consumption patterns of the society. Its sheer size will also allow estimates to be generated at the regional level of analysis. Equally important is the opportunity to develop baseline estimates of alcohol consumption, alcohol-related health and social problems, hospitalization rates, and estimates of changes in drinking patterns over time for a wide variety of age groups differentiated by race and sex. Because of its size, the survey will be invaluable in establishing baseline levels for older Americans. Over 10 percent of the sample should be 55 years of age or older. Data tapes are currently being "cleaned" and edited. Data will be available for analysis in early 1985.

(3) National Mortality Followback Survey, 1986: The NIAAA is collaborating with the NCHS to study the health status and medical services received during the year prior to death of a selected sample of individuals expiring during the calendar year 1986. Factors to be examined include lifetime as well as recent alcohol consumption which can then be correlated with causes of death and other contributing conditions. Since the vast majority of deaths occur among the elderly, this segment of the population will be well represented in this study, affording the opportunity to study alcohol-related conditions in the aged.

NATIONAL INSTITUTE ON DRUG ABUSE

The National Institute on Drug Abuse (NIDA) has the following current activities relating to the elderly:

—The University of California at Berkeley has a NIDA grant to examine the ways elderly people cope with stress. The study identifies cases of drug abuse, evaluates sources of stress, as well as the resources and styles of coping for the drug using and non-using elderly.
—NIDA is providing technical assistance to the National Institute of Mental Health (NIMH) Epidemiologic Catchment Area study for the analysis of their data to study drug abuse among the elderly and some of the psychological correlates of abuse.
—Duke University is continuing to study drug effects in an elderly population under a NIDA Grant. A recent progress report included a series of studies evaluating the performance effects of diazepam (valium) a commonly prescribed minor tranquilizer. The evaluations included psychomotor tasks being performed by the elderly subjects ranging in age from 59 to 76 years old. Most of

the tasks in this study assess ability similar to those used in daily activities, such as in driving, especially during the first hour after drug ingestion.

NIDA continues to disseminate the following publications dealing with the elderly:

—*Elder-Ed. Using Your Medicines Wisely:* An education program for older Americans for the prevention of medication misuse.

—*Drug Taking Among the Elderly:* Reports on a study to explore the dangers of drug misuse among older persons.

—*Drugs and the Elderly Adult:* Contains an extensive bibliography, abstracts of important articles, and summaries of content areas relating to drug abuse and the elderly.

National Institute of Mental Health

Mental Health Services for the Elderly

The Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant allows each State to decide, within broad guidelines, which mental health services are to be provided, to whom, and in what areas. The State is able to set priorities for use of Federal funds in areas determined appropriate and for population groups determined to be most needy.

The Alcohol and Drug Abuse and Mental Health Services Block Grant was recently reauthorized (Public Law 98-509) for fiscal years 1985 through 1987. This new legislation again mentions serving the needs of the elderly in community mental health programs. However, the legislation also establishes a mnetal health demonstration program for grants to States and local entities to demonstrate innovative service systems of care to the elderly, the chronically mentally ill, and seriously disturbed children. While the NIMH has operated a demonstration program for the chronically mentally ill and for children in the past, the Congress has for the first time directed the development of a demonstration program for the elderly. Preliminary plans for implementing this program in fiscal year 1986 are currently under development.

CENTER FOR STUDIES OF THE MENTAL HEALTH OF THE AGING

The Center for Studies of the Mental Health of the Aging is the focal point for aging programs at NIMH.

The Center for Studies of the Mental Health of the Aging stimulates and supports research; the training of researchers and clinicians; the development and dissemination of information to researchers, clinicians, and the public; and consultation with service planners and providers over the design and delivery of mental health services to the elderly. In its total center activities, the goal is the integration and mutual reinforcement of research, education, and services consultation around particular themes and center priorities such as the major mental disorders, health and behavior, and family stress and burden. As a national center, the goals of program development activities have been:

—Leadership in anticipation and stimulation of significant research directions;

—The development of collaborative activities whereby the full power of Institute and PHS program perspectives could be brought to bear upon issues of mental health and aging; and

—The contribution of research and clinical insights to the policy processes around such diverse issues as: reimbursement, service development, and the design of policy relevant demonstration.

A major thrust of the center program has been collaboration with the pharmaceutical industry, corporations, foundations, and other private sector programs in the development and support of research and the dissemination of materials and information. This type of program orientation is built upon aggressive outreach and stimulation of particular types of research by the center staff and strong promotion, quidance, and consultation over particular directions of research. Staff involvement has resulted in a comprehensive and well-articulated research research program which would be unattainable through more reactive channels relying strictly upon investigator-initiated applications to determine the direction for the program.

In fiscal year 1984, the center's program budget was $6,537,438 for research grants and contracts, $281,702 for postdoctoral research training grants, and $1,711,884 for clinical training grants. The integration of these different program activities is substantial, and what has always been theory in mental health in general, is actual fact in aging mental health. For example, in fiscal year 1983, the center awareded 14 grants for clinical postgraduate specialty training; in 11 of the 14 institutions we have made research grants to researchers/educators involved in the clinical training; in 5 of the 14 institutions, we are supporting research training programs; and in 10 of the 14 there are research grants from other Institutes on issues relevant to mental health. We thus have the special situation where research, research training, clinical training, and the clinical practice that accompanies such training are mutually supportive and interact to produce important advances in the field. The close ties between research, education, and practice in aging and mental health have enriched the field and provided significant impetus for program development.

Center for Studies of the Mental Health of the Aging—funding resources, fiscal year 1984 (total costs)

	Amount
Research program:	
Epidemiology	$159,745
Clinical research	1,133,835
Treatment assessment	1,520,737
Services research	608,706
Psychosocial research	1,209,947
Geriatric mental health academic award	702,858
Clinical research centers	711,444
Contracts and reimbursables	490,166
Research training	281,702
Clinical training	1,711,884

This report provides information on program developments in the area of research, research training, and clinical/services training, and also provides information on developments in mental health services to the elderly.

Program Activities

In the past year, significant advance has been made in the development of aging research in mental health. The most significant progress for the program this yer has been made in the area of Alzheimer's disease. A departmentwide task force, chaired by Assistant Secretary Brandt, and staffed by NIMH, completed its investigation of the field and issued its first report. This increased attention to Alzheimer's disease has involved HIMH in a variety of efforts, both within the aging center program and that of other branches of the Institute, and also in collaborative efforts with the National Institute on Aging (NIA) in the development of a request for applications for Alzheimer's disease research centers.

In addition, the foundation or infrastructure of the broad area of mental health and aging has been advanced through a number of efforts. In research training, four new postdoctoral training programs were established to increase the number of new investigators in the field. The Geriatric Mental Health Academic Award is now held by 10 psychiatrists and 5 nurses—these awards are to facilitate career reorientation for faculty interested in moving to a more research-focused role with their department or school. In addition, in fiscal year 1984, the first clinical research centers on psychopathology of the elderly were established.

The center sponsored two conferences in fiscal year 1984. The first, "Mental Illness in Nursing Homes" was held in collaboration with the Hebrew Home of Greater Washington. The papers from this conference will be published by GPO in fiscal year 1985.

The second conference, "Mental Health Aspects of Physical Disease in the Elderly" was held in collaboration with the NIH working group on health and behavior. The papers from the conference are being reviewed and a special RFA will be issued in fiscal year 1985.

In sum, significant developments were made in the aging center program this year. Work in several areas was strengthened, and several new initiatives were advanced. The basic structure of the field was addressed, and research resource issues of a variety of kinds were promoted. The fundamental structure of the aging center program remained unchanged this year, in that the commitment to coordination and collaboration held steady. While concentrating on several issues, e.g. Alzheimer's disease, health and behavior, treatment assessment, and family stress, spread and diversity in the program were maintained through collaboration. Several collaborative mechanisms were used; all involved supplementing ongoing grants or cooperative agreements to add an elderly subject group to an experimental protocol, or to oversample the elderly in community surveys of adults, or they involved sharing the costs of certain projects that had major focus on the elderly. These arrangements have consumed 20 to 30 percent of thye aging center research allocation each year and have succeeded in effectively multiplying the commitment to aging research in the Institute.

Program Guidelines

The research program of the Center for Studies of the Mental Health of the Aging is divided into five general areas of support: epidemiology, clinical research, treatment assessment studies, services research, and prevention and behavioral studies. The center supports those studies which have a primary focus on the mental health and illness implications of the aging process and of old age. A wide-ranging multidisciplinary set of theoiretical applied, and policy studies is funded. Almost all of the Institute's research support programs are involved in the NIMH/ADAMHA-wide, coordinated effort. In this way, NIMH has not only mounted a targeted effort to address issues in aging through its aging center, but has also brought the strengths of all its generic programs to bear on mental health and aging programs. In addition, the center is active in stimulating collaborative efforts between different Federal programs and agencies. Diverse strengths and resources are brought together through the program coordination plan developed by the NIMH Center for Studies of the Mental Health of the Aging. The center's research program emphasizes the following subjects:

—Causes, treatment, and prevention of Alzheimer's disease, senile dementia, and related disorders—with attention to differential diagnosis and memory-enhancing agents.

—Causes, treatment, and prevention of depression in older persons—including investigations of the relationship of depression to suicide, alcoholism, medical disease, and other behavioral disorders.

—Psychopharmacology and polypharmacy.

—Behavioral medicine and the interface of physical illness and mental disorder in later life.

—Chronically mentally ill elderly.

—Treatment, intervention, clinical trials, and service delivery models for the elderly.

—Mental illness in nursing homes.

—Effects of families, support systems, and self-help groups on the care of older persons with significant mental disorders.

—Prevention of pathology among elderly at risk for mental illness.

—Geriatric mental health academic awards for the support of teacher/investigators in psychiatry and psychiatric nursing.

These areas of support have emerged and been refined through a considerable amount of interaction with the field and with staff of other agencies in government. These activities have included a general conference on research directions for the newly established coordinating responsibilities of the center (1975) followed by targeted conferences on senile dementia, assessment of mental status housing for deinstitutionalized elderly, depression, the chronically mentally ill elderly, and others. In addition, staff of the center had key participation in the Secretary's Committee on Mental Health and Illness of the Elderly (1978), the President's Commission on Mental Health (1978), the White House Conference on Aging (1981), and the DHHS Task Force on Alzheimer's Disease (1984). The research objectives and portfolio of the center has been examined as part of the Institute's senior consultant and cluster group reviews in the areas of service, research, and behavioral science. The reports of these efforts have contributed to setting the research agenda for the center.

These activities have been developed in the face of substantial needs in the field of mental health and aging:

—Five percent of the Nation's aged live in institutions. Of these, about 12 percent are in mental hospitals, with the remainder in nursing and other types of homes for the aged and the chronically ill.

—The elderly comprise 5.5 percent of admissions to State and county mental hospitals and 27 percent of the resident patients.

—Approximately 80 percent of those aged 65 or older who live in nursing and personal care homes have some degree of mental impairment. The national expenditure for nursing home care is estimated to exceed $20 billion annually.

—Only 3.8 percent of the outpatient psychiatric service admissions are aged 65 and over.

—An estimated 10 to 25 percent of the aged in the community have some degree of mental impairment.

—The death rate for suicide among the elderly is highest at age 55 and over (18.5 per 100,000, as compared with 12.6 per 100,000 for all ages).

—Approximately 44 percent of all male aged 55 and over admitted to inpatient services of State and county mental hospitals had a primary diagnosis of alcohol disorders.

These data are far less comprehensive than the ideal. The center is moving toward remedying this situation through activities which include special supplements to the epidemiological catchment area (ECA) projects for the oversampling of the elderly, financial support of the mental status and depressive symptomatology portions of the health and nutrition examination survey (HANES–I) follow-up, and support of the mental health assessments of the national nursing home survey. These latter studies are being carried out by the National Center for Health Statistics, which will provide the data tapes to NIMH for refined analysis and estimation purposes. Data delivery is scheduled for 1985 (HANES) and 1986 (nursing homes), and through these, the center anticipates being able to make estimates of the prevalence and cost of mental disorders in the elderly.

Clinical Research Centers on Psychopathology of the Elderly (CRC/PE)

The CRC/PE program is intended to provide stable, sustained support to a limited number of centers, each comprised of a core group of investigators who have access to elderly clinical populations, for the development of integrated sets of innovative, multidisciplinary, and indepth clinical research studies of the mental disorders in later life. It is anticipated that such centers will provide a milieu which encourages creative thinking about promising hypotheses; a resource for the development of new clinical researchers; and an environment of excellence which will assure the highest quality research and leadership in their chosen areas of investigation. Centers are expected to have a specific theme or problem focus. A CRC/PE will be situated in clinical treatment settings with demonstrable interest in the study of mental health and aging. Centers are expected to have a treatment milieu in which behavioral and biological scientists and clinicians can interact and study problems of etiology, classification, assessment, mechanisms, course, and psychotherapeutic and/or somatic treatment of particular mental disorders common in later life. A specific announcement is available for this program.

In fiscal year 1984, the first three awards in this program were made: centers at Stanford University and at the University of Washington will focus on issues of diagnosis, clinical course, and excess disability in Alzheimer's disease, while the new center at Duke University will focus on several aspects of depression.

Collaborative Activities

Not all research in mental health and aging can or should be supported or administered by the Center for Studies of the Mental Health of the Aging. In fields with strong, well-established technologies, such as psychopharmacology and epidemiology, specialized expertise already exists in other programs. Consequently, the center has made significant financial contributions to the epidemiological catchment area studies for the oversampling of the elderly and to several psychopharmacological investigations to extend their concern to older patients. Similarly, certain research issues are best conceptualized as life-course or adulthood issues in which the elderly fit only as part of the study. In these types of cicumstances, the Aging Center has established mechanisms for joint funding, while still maintaining fiscal control of the funds. Projects have been cofunded with other programs of the NIMH, with the National Institute on Aging, with the National Institute of Neurological and Communicative Disorders and Stroke, with the National Heart, Lung, and Blood Institute, with the National Center for Health Statistics, with the Administration on Aging, and with the National Institute of Handicapped Research of the Department of Education. In this way, the total aging effort of the Institute is expanded and multiplied.

Interagency Collaboration

Among the many specific examples of collaborative projects, two are especially notable. First, in the area of senile dementia, the NIMH Aging Center, in collaboration with two NIH Institutes (National Institute on Aging and National Institute of Neurological and Communicative Disorders and Stroke), sponsored two international conferences on Alzheimer's disease/senile dementia. These conferences, the first ever held, helped establish the state-of-the-art in research treatment, services, and policy in this disease. A second activity, in collaboration with the National Institute of Handicapped Research of the Department of Education, is the cosponsorship of the first National Center on Rehabilitation, Aging, and Mental Health. This center, located at the Unviersity of Pennsylvania, is breaking new ground in this important area. In December 1984, the first conference on aging and rehabilitation will be held. This conference, jointly sponsored by the National Institute of Handicapped Research, the National Institute of Mental Health, and the National Insitute on Aging will:

—Identify the rehabilitation needs of older disabled persons.
—Describe the state-of-the-art in the rehabilitation of older disabled persons.
—Highlight the limitations in knowledge.
—Suggest areas of research which can make a useful contribution to the rehabilitation of older disabled persons.
—Stimulate the development of a national rehabilitation policy which will encourage independent living and improve and sustain the quality of life for the disabled elderly, whatever the setting.

Finally, a new memorandum of undertanding was established between the Administration on Aging (AoA) and the National Institute of Mental Health. NIMH and AoA will collaborate in developing a greater interest in mental health for the aging and in disseminating related materials to aging and mental health organizations. The result of this agreememt will be to achieve closer collaboration between State and local aging and mental health agencies for purposes of increasing access to mental health services by the elderly. NIMH will provide scientific and technical materials and assistance on mental health topics and practices and will identify State mental health authorities, community mental health organizations, and other appropriate agencies as potential users of these materials. AoA will encourage its network on aging to collaborate with State mental health authorities and community mental health centers for purposes of reaching the elderly and those practitioners who work with the elderly.

Relationships with the National Institute on Aging

The mandate given to the NIMH by the Congress is to conduct a program of research, training, and services for the prevention and treatment of mental illness and for the maintenance and improvement of the mental health of the Nation. Since persons 65 years of age and older now constitute approximately 11 percent of the population and display the highest incidence of new cases of psychopathology, a significant protion of the NIMH effort should be directed toward the mental health problems and needs of this age group. The basic focus on NIMH efforts must be on mental health. When applied to this age group, the essential considerations are the manner in which aging affects mental health and the influence of mental health upon aging.

In this context, NIA's interest starts with the aging process itself, whereas NIMH's approach begins from the perspective of the mental health and illness of older people. From another vantage point, while NIA looks at biomedical, social, and behavioral aspects of aging with regard to development, NIMH studies adaptive and aberrant psychosocial functioning of the elderly with attention to etiology, prevention, treatment, and service delivery as they relate to mental disorders in later life. The two institutes also differ in a fundamental structural sense. NIA's focus is targeted specifically toward research and research training, while NIMH's aging center program encompasses services and clinical training in addition to research and research training efforts.

Since 1974, staff of the NIMH Center for Studies of the Mental Health of the Aging have served on the Interagency Committee on Research in Aging. This committee, chaired by the Director of NIA, and in conjunction the National Advisory Council on Aging, helped define the research goals of the NIA and now meets regularly for purposes of coordination and consultation.

Finally, a considerable array of formal and informal relationships exists between the NIMH Center for Studies of the Mental Health of the Aging and the National Institute on Aging. Research applications of interest to both organizations are dually assigned. On occasion, projects with dual assignments, approved by the primary Institute but for which sufficient funds are not available, have been transferred to the secondary Institute for funding consideration.

Collaborative Activities with the Private Sector

During the past year, a book on the recognition and treatment of sleep disorders in the elderly was distributed to primary care physicians and others in the United States. The publication and distribution of this book were financied solely by corporate contributions.

A second book, Assessment in Geriatric Psychopharmacology was published and distributed to researches in the United States and abroad. This book, financed solely through corporate contributions, provides standardized methods for drug studies in the elderly.

The Alzheimer's Disease Task Force

In April 1983, the Secretary of HHS established a task force on Alzheimer's disease. The task force is chaired by the Assistant Secretary for Health, and membership includes the Assistant Secretary for Planning and Evaluation, the Surgeon General, the Directors of NIMH, NIA, NINCDS, NIAID, the Commissioner on Aging, and representatives of the Veterans Administration and Health Care Financing Administration. Staff support is provided by NIMH. The task force will coordinate research on Alzheimer's disease, share information, identify promising research directions, and provide a vehicle for translating the research into policy and program. The first report of the task force was published in September 1984 and includes many significant recommendations for research initiatives in Alzheimer's disease. In a special financing recommendation, the task force recommended removing the $250 Medicare reimbursement limitation on outpatient psychiatric services, except for psychotherapy. The recommendation has been implemented by the Department.

RESEARCH HIGHLIGHTS

Treatment of Alzheimer's Disease

The pace hasd acclerated dramatically in the search for an effective treatment for Alzheimer's disease. During the past year, several findings that may prove highly significant were reported. First, studies with the cholinergic drug physostigmine, alone or in combination with the cholinergic agent lecithin, demonstrated that clinically modest but reliable improvements in memory can be produced in some patients with Alzheimer's disease. Early findings from studies with lecithin combined with the "metabolic enhancer" piracetam also suggest that this combination may be of some therapeutic utility. During the coming year, support for carefully controlled double-blind studies (MH29590, Steven Ferris, Ph.D., New York Univ., "Psychopharmacology of Neurotransmitter Systems in Aging"; MH32724, Susanna H. Corkin, Ph.D., Mass. Institute of Technology, "Lecithin Precursor Treatment in Alzheimer's Disease") to test these findings will continue. Another finding of possible significance emerged from a small study suggesting that the opiate antagonist naloxone may be effective in treating Alzheimer's disease. A larger, well-controlled study is now underway to test that possibility (MH38275, Barry Reisberg, M.D., New York Univ., "Opiod Antagonist Treatment of Alzheimer's Disease"). Other studies now underway are exploring diverse approaches to treatment, including the possibility that certain brain peptides or their analogs may be effective in treating memory impairment (MH36609, Jared Tinklenberg, M.D., VA—Palo Alto, "Neuropeptides, Mood, and Memory in the Elderly"). On the very frontier of technology, yet other studies (MH38274, Steven Ferris, NYU, "Mental Health in Aging: Drug Effects on Brain") are using Positron Emission Tomography (PET) to determine the nature of brain metabolic changes in Alzheimer's disease and examine how these changes might be alterned by various experimental drugs.

Though this work continues to produce exciting scientific and clinical hints and clues, no firm direction for drug-treatment development has emerged. Two major stumbling blocks exist. First, there is no consensus in the field over standards for assessment and evaluation. We hope that this will be remedied through the publication of a new book edited by Thomas Crook of the center, Steven Ferris of NYU, and Raymond Bartus of Lederle Laboratories. This book, Assessment in Geriatric Psychopharmacology was published in December 1983 and distributed free-of-charge to researchers in both the United States and Europe. A model of public sector/private sector collaboration, the publication and distribution of the book were financed solely through corporate contributions.

A second major problem hindering development in the field is the absence of appropriate animal models. Some preliminary work by Bartus and colleagues, at New York University, has shown that development of a model of cognitive deficit in monkeys may be possible. A considerable effort in research development should be expended in this area.

Treatment of Psychosis, Depression, and Sleep Disorders in the Elderly

Studies recently completed (MH34042, Douglas M. McNair, Ph.D., Boston Univ., "Tricyclic Antidepressants and Cognitive Toxicity") suggest that certain widely used tricyclic antidepressants (e.g., amitriptyline) can induce marked memory and learning impairments in elderly subjects, although others (e.g., desipramine) are far less troublesome. A study to be completed this year will examine the utility of using a different type of antidepressant, monamine oxidase inhibitors, in aged patients (MH36176, Anastase Georgatis, M.D., NYU, "MAOI vs. TCA in the Treatment of Geriatric Depression").

Sleep disorders are extremely common in the elderly and treatment frequently problematic. For example, the most widely prescribed medication for sleep, flurazepam, remains in the body much longer in elderly than in young patients and may cause several major problems including incapacitating daytime drowsiness. Studies are now underway to examine the problems associated with pharmacologic treatment of sleep disorders and alternative drug treatments to those that are currently standard (MH34223, Richard Shader, M.D., Tufts University, "Applications of Pharmacokinetics in Clinical Psychiatry"; MH341720, Joseph J. Tecce, Ph.D., Boston State Hospital, "Neuropsychopharmacological Studies of Sleep and Aging"; MH33688, Patricia N. Prinz, Ph.D., University of Washington, "Sleep/Waking Patterns in Dementia"; MH08975, Karl Rickels, M.D., University Hospital, Philadelphia, "Early Drug Evaluation in Neurotic Outpatients").

In treating psychotic disorders in elderly persons, the major problem is the possibility of inducing the serious neurologic side effects that constitute tardive dyskinesia. A major study is now underway (MH30854, Jerome Yesavage, M.D., Stanford, University, "Age Neuroleptic Levels, and Tardive Dyskinesia") to determine whether this problem can be controlled by carefully monitoring drug plasma levels and lowering dosage accordingly.

Although the development of drug treatments for the major mental disorders of the elderly have developed well, there has not been parallel progress in nonsomatic treatments. In one study (MH37196, Larry W. Thompson, V.A., Palo Alto, "Psychotherapy for Depression in the Elderly") the investigators are comparing the efficacy of behavioral treatment, cognitive therapy, and brief psychotherapy for the treatment of older persons with major depressive disorder. Preliminary findings are intriguing: those on the waiting list for 6 weeks do not improve and continue to meet research diagnostic criteria for depression—thus, spontaneous recovery is not a confounding factor in this research; following treatment, failure rate is approximately 17 percent and relapse rate appears to be about 15 percent; the three treatment modalities are equally effective.

The state-of-the-art in these has been advanced sufficiently so that some guidelines for practice have emerged. These have been summarized in two recent publications: Thomas Crook and Gene Cohen (eds.) Physicians' Guide to the Diagnosis and Treatment of Depression in the Elderly (1983) and David Kupfer and Thomas Crook (eds.) Physicians' Guide to the Recognition and Treatment of Sleep Disorders in the Elderly (1984). Both books were distributed free to practicing primary care physicians and others; the publication and distribution were financed solely by corporate contributions.

Research concerning utility of psychodynamic approaches with the elderly is another aspect of treatment which requires consideration work. A conference sponsored by the center in collaboration with the Psychosocial Treatments Branch, in 1983, began to explore a research agenda in this area, while at the same time acknowledging many of the conceptual and methodological problems in the area. Only one small research project is presently being funded in this area (MH35230, George Silberschatz, Ph. D., Mt. Zion Hospital and Medical Center, "Process and Outcome of Pshychotherapy With Older Adults"), and in that the focus is strictly on methodology to study the process of the psychotherapy.

RESEARCH INITIATIVES FOR FISCAL YEARS 1985 AND 1986

Mental Illness in Nursing Homes

In fiscal year 1985, the first grants under this initiative will be awarded. The National Institute of Mental Health, through the Center for the Studies of the Mental Health of the Aging, seeks applications which will increase knowledge and improve research methodology on emotional, social, behavioral, and mental disorders of residents in nursing homes; will generate information regarding the interplay of biological, behavioral, genetic, and social processes underlying these disorders and the maintenance of mental health among nursing home residents; and will increase knowledge of mental health services and practices. The proposed research may employ theoretical, laboratory, clinicial, methodological and field studies, and may involve normal elderly subjects as well as residents in nursing homes.

Mental Health Aspects of Physical Illness in the Elderly

In fiscal year 1984, a conference was held on this topic and many important areas for new research were identified. Center staff will develop an RFA for this area in early fiscal year 1985. The focus of the announcement will be on identification of psychiatric, emotional, and behavioral risk factors, causes, correlates, and consequences of major chronic and acute physical disorders (from neurological to podiatric) in the elderly. In addition, studies of the impact of these factors on recovery, rehabilitation, relapse, institutionalization, and mortality will be sought. The significance of these issues is multiplied by the changes in Medicare that establish prospective payment for a variety of physical disorders with DRG's (diagnosis related groups). That is, major health care cost issues can be addressed within the mental health framework and when the mental health factors are taken into account. This initiative grows out of a number of parallel tracks in health and behavior, rehabilitation, and biobehavioral research. The ultility of this initiative could be great, therefore, in two areas: health policy and substantive areas of research and patient care. Anticipated costs for this initiative are $700,000 in fiscal year 1986 (six grants), and $1,000,000 in fiscal year 1987 (nine grants).

Chronically Mentally Ill Elderly

There is evidence that the elderly compared to other population groups, are more likely to experience chronic mental illness, persistent multiple handicapping problems (physical/behavioral/cognitive/social) and polypharmacy relating to these problems. Yet, the elderly receive substantively less mental health care than young adults. What care they do receive is more likely to be in an institutional setting (public mental facilities or nursing homes) than in the community, and they are at-risk for receiving inappropriate care while being denied potentially helpful treatment.

During fiscal year 1985, a conference is planned to further identify and refine a comprehensive research agenda on the chronically mentally ill elderly. Among the generic research issues to be explored are the following: (1) optimal range and mix of treatment services; (2) interface between formal and informal support interventions; (3) coordination of services for multiple problem elderly; (4) impact of environmental setting (nursing home, community, mental hospital) on promoting maintenance or decreases in functioning level; (5) interventions to reduce polypharmacy; (6) factors contributing to the underultilization of mental health services; (7) methodological aspects of needs assessment; and (8) factors contributing to inappropriate placement. Anticipated costs for this initiative are $350,000 in fiscal year 1986 (three grants) and $650,000 in fiscal year 1987 (six grants).

Family Stress in Alzheimer's Disease

In response to congressional initiative, the Center for Studies of the Mental Health of the Aging will develop a special research program on family stress problems relating to the care of victims of Alzheimer's disease. The program will focus on the development of family care and service delivery models; this new research will focus on the development of effective models of treatment and management for families, outpatient or community facilities, and inpatient or residential facilities for victims at particular states of the disease. In the implementation of this program, the center will work closely with National Institute on Aging, the Administration on Aging, and the Veterans Administraiton.

CLINICAL TRAINING HIGHLIGHTS

Various national conferences and commissions addressing mental health and aging training and personnel issues have identified several areas in need of program support:

—A cadre of expert faculty in mental health and aging (career teachers): The faculty development award is designed to prepare teachers of geriatric mental health in clinical training centers where no local resource faculty currently exists.

—Centers of excellence in mental health and aging, with particular emphasis on postgraduate specialty training through fellowships: Postgraduate specialty training in academic geriatric mental health is designed to further develop training programs that are already active in the dissemination of mental health skills and knowledge by increasing the pool of potential faculty members through specialty training.

—Attention to mental health and aging in the basic training of mental health care providers: Geriatric training models are designed to provide training experience to the nonspecialist in geriatrics and, at the same time, to stimulate the development of model materials and curricula for the incorporation of geriatric mental health skills and knowledge in the general training of the four core disciplines.

Approximately 70 awards were made in fiscal year 1984 for the above three clinical training programs together. These grants were distributed among the four core mental health disciplines of psychiatry, psychology, social work, and nursing. Continuation of these activities is anticipated in fiscal year 1985.

FOOD AND DRUG ADMINISTRATION

As the percentage of elderly in the Nation's population continues to increase, the Food and Drug Administration (FDA) has been giving increasing attention to the elderly in the programs developed and implemented by the Agency. The FDA has been focusing on several areas for the elderly that fall under its responsibility in the regulation of foods, drugs and devices. Efforts in education, labeling, drug testing, biopharmaceutics, drug utilization and adverse reactions have been of primary interest. Close relationships have been established with the National Institute of Aging and the Public Health Service Administration of Aging Task Group to further programs that will assist the elderly in their medical care. Some of the Major initiatives that are underway are described below.

HEALTH PROMOTION PROGRAM FOR THE ELDERLY

FDA recognizes the importance of communicating health promotion concepts to all groups, but especially to the elderly population since this group utilizes proportionately higher medical and drug serves compared to other population groups.

In September 1983 a contract was awarded to the Consortium for Health Education in Appalachia Ohio (CHEAO) for the design and implementation of a prototype health promotion consumer education program targeted to senior citizens. It was to concentrate on issues of high significance to older adults: food (nutrition, sodium, food and drug interactions): medications (prescription, over-the-counter adverse reaction reporting, misuse and self-medication); medical devices (intraocular and contact lenses); and health fraud (quackery). The purpose was to design instructional materials and demonstrate effective teaching techniques for issues which have direct impact on seniors' well-being.

CHEAO developed curricula for the three areas; a total of 11 lesson modules were designed—four for nutrition, four for medications, and three for devices. These lesson modules identify learner objectives, teaching methodologies, supplemental materials, and tests for evaluation purposes. Concurrent with the development of the curricula and instructional modules. CHEAO reviewed and selected audiovisuals and other materials to supplement the instructional material.

A total of 84 presentations were made—44 nutrition, 24 devices, and 16 medications. The average number of people at each presentation was 17. Programs were presented at senior citizen centers, senior nutrition sites, senior clubs, and senior housing complexes.

Other programs which have been underway for some time have also focused specifically on the special needs for the elderly population. In particular, temper-resistant packaging (TRP) requirements for drugs, promulgated by the FDA, have been evaluated with respect to whether elderly persons will be able to manipulate the TRP packaging to open medications. TRP requirements have been tailored to these needs wherever possible.

INTERAGENCY COOPERATIVE EFFORTS

FDA has continued to participate in meetings of the Ad Hoc Interagency Committee to further strengthen our liaison with the National Institute on Aging (NIA). The meetings have focused on the development of new drugs for disease found more frequently in the aging segment of our population, development of geriatric labeling, review of information related to drug use in the elderly and review of issues related to drug studies in the elderly.

In addition, the Public Health Service-Administration on Aging (AoA) Task Group on Health Promotion for the Elderly continues to develop specific health goals related to elderly populations, as well as materials relevant to their focus, drug use and misuse in the elderly. A major national objective in the area of drug use and misuse is the availability and proper use of medications for the treatment of medical conditions that are widespread in the elderly population. Components of this objective include:

—The knowledge by professionals and scientists of physiological drug activity in the elderly.
—The proper dispensing of medications to the elderly by professionals.
—The provision of information to the elderly about the drugs they consume.
—The acquisition by the elderly of information related to the drugs they consume.
—Diminished incidence and severity of adverse drug reactions (single drug, drug-drug, drug-food, drug-alcohol); and
—Appropriate consumption of drugs by the elderly (compliance, self-medication, overuse, etc.).

Identified research objectives for drugs and the elderly include:

—Specific physiologic and pharmacodynamic responses to drugs in the elderly.
—Drug surveillance studies in elderly populations.
—Drug testing in the elderly population.
—Study of prescribing patterns by physicians to the elderly; and
—Effective educational techniques with the elderly.

An ongoing working relationship between the Office of Disease Prevention and Health Promotion (ODPHP), the National Institute on Aging and FDA, has been established. One of the objectives is to complement the ODPHP contract for a National Health Promotion Campaign for the Elderly which is underway. As a part of this working relationship, ODPHP is also involved with trade and professional organizations and the drug industry on collaborative efforts in this area. In addition a series of seminars and workshops has been scheduled. Topics will include opportunities to access the elderly consumer to provide health information, economics of medications to the elderly, production of educational materials aimed at the elderly consumer and the particular problems faced by the minority elderly populations.

Last year, the FDA participated in a workshop with the Drug Information Association (DIA) on "Geriatric Drug Use—Clinical and Social Perspectives." The proceedings of the workshop have now been published which summarize significant new findings regarding drug utilization studies in the treatment of the elderly. The FDA will also cosponsor (with NIA, ODPHP, and AoA) a workshop with the DIA on geriatric testing of drugs in 1985. The workshop will focus on the entire spectrum of drug testing in the elderly including recruitment of geriatric subjects for clinical research, organization and development of protocols and research methodology, special considerations in geriatric drug testing, such as biopharmaceutics and adverse drug reactions (ADR's), and compliance with the FDA guidelines and standards.

PATIENT EDUCATION

Information about current drug use has been a major focus of improving health. Because the elderly are prescribed more drugs than any other segment of the population, this program is of particular importance. The National Council on Patient Information and Education (NCPIE), of which FDA is a member, has developed a program entitled "Ask the Doctor," which seeks to instruct patients on the five important questions of which people need to be aware when taking medication:

(1) What is the name of the drug and what is it supposed to do?
(2) How and when do I take it and for how long?
(3) What foods, drinks, other medicines, or activities should I avoid while taking this drug?
(4) Are there any side effects, and what do I do if they occur?
(5) Is there any written information available about the drug?

The FDA Committee on Patient Education continues as last year to promote voluntary efforts to provide information about medications. Numerous initiatives in the private sector have resulted in more drug information for all aspects of the population, and excellent programs specifically oriented toward the elderly are now available. These include a wallet-size identification card on which persons can list, for emergency use, their current medications and specific medical conditions. The card, developed by NCIPE, which FDA is reprinting and distributing, also reiterates the five questions of the "Ask the Doctor" program described earlier.

FDA has assisted in this campaign by asking our network of Consumer Affairs Officers across the country to request private sector organizations to distribute the card to employees and customers. As a result of these efforts several utilities, department stores, food chains, and drug store chains helped FDA distribute over 2 million cards to patients.

In cooperation with National Institute on Aging (NIA), FDA has developed the "Age Page," a flier which seeks to alert and educate older persons about drug and medical information of interest to them. In addition to presenting information of particular interest to the elderly, it is printed in large type and offers large type publications for followup.

The FDA has also cooperated with the American Association of Retired Persons (AARP) in reviewing patient drug information leaflets that are sent out to AARP Pharmacy Service subscribers. Approximately 60 leaflets have been developed, representing 160 drug entities that elderly citizens utilize.

FDA continues to conduct Consumer Exchange Meetings across the Nation, many of which address issues affecting the elderly population such as: prescription drug use in the elderly; health fraud; temper-resistant packagaing; and sodium reduction.

In cooperation with the American Academy of family Physicians and Call for Action, Action, Inc., FDA sponsored a "National Ask the Doctor About Prescription Drugs Day." Over 140 physicians manned phones at radio and television stations in 20 cities to answer questions from patients about prescription drugs. Many stations produced news features and interviews regarding wise usage of prescription drugs as part of their promotions. The majority of calls were from elderly patients.

PREMARKET TESTING GUIDELINES

Specific guidelines for the premarket testing of drugs in the elderly are currently under development by FDA. A 2-day workshop, jointly sponsored by FDA and the American Society for Clinical Pharmacology and Therapeutics, was convened in September 1984 to discuss FDA's proposed guidelines for clinical evaluation of drugs in the elderly. These guidelines when finalized will be incorporated into FDA's General Considerations for the Clinical Evaluation of Drugs.

The FDA continues to provide Institutional Review Board (IRB) education through workshops and the dissemination of information sheets on a variety of topics of interest to IRB's. This aspect of drug testing and research is particularly important to institutionalized patients, a category comprised of a large number of elderly persons, to insurance adequate protection with the National Institutes of health to develop and distribute information sheets to clinical investigators and members of the IRB community.

DRUG PRODUCT LABELING

FDA is currently developing proposed regulations which would require a Geriatric Use section in drug product labeling. This will highlight currently known information about specific prescribing differences for geriatric patients and will hopefully encourage the development of additional data related to geriatric use. By highlighting this information, physicians will more easily be able to differentiate recommended dosage variations, etc., which are unique in geriatric patients.

MAXIMUM ALLOWABLE COST (MAC)

The elderly in our population, as users of more medications than any other group, benefit more directly from FDA's review of drugs to establish therapeutic equivalence. Name brand drugs, often marketed at high cost, can in many cases be substituted with a lower cost generic equivalent. This is the basic philosophy underlying HHS' MAC program, through which a maximum cost is established for drugs paid for under tax-supported reimbursement programs such as medicare and medicaid. Continuing review of market drugs enables the FDA to expand its listing for therapeutic equivalents, thereby providing more assurance to the elderly that the drugs they need to take can be obtained at the lowest possible cost with no sacrifice in effectiveness.

HEALTH FRAUD

In order to deal with this very serious problem which affects consumers of all ages, the FDA has established a Fraud Branch within the Office of Compliance, Center for Drugs and Biologics. The branch will be responsible for coordinating the review and investigation of health fraud compliance actions. The branch will also have responsibility for food and cosmetic products when they are labeled or otherwise promoted with therapeutic claims.

Health fraud has been defined as: "The practice of making false, misleading, or deceptive nutritional health, or cosmetic claims for FDA-regulated products which are regarded as worthless for such intended uses by experts qualified by scientific training and experience to evaluate their safety and effectiveness." These fraudulent practices can be a serious and oftentimes expensive problem for the elderly. Every year, consumers spend millions of dollars on a variety of ineffective, expensive and sometimes harmful devices.

It can also pose direct and indirect health hazards as well as economic losses, to those who are misled by promises of quick and easy cures and unrealistic physical transformations. The more serious forms of health fraud involve products that present direct or indirect health hazards. The former are products which, even when used as directed, have the potential to cause injury or death. The latter includes products offered for diagnosis or treatment of serious ailments, such as cancer, but that are ineffective for such use. Using these products may delay obtaining recognized medical treatment.

The FDA has identified the following health-fraud categories: figure enhancers, arthritis and pain fighters, sleep aids, hair and scalp devices, youth prolongers, sex aids, disease diagnosers, cure-alls, and respiratory, pure air and water devices.

In addition to the Fraud Branch, the FDA has joined with the Pharmaceutical Advertising Counsel in a massive public service advertising campaign to combat medical and health fraud. The campaign is supported by the Council of Better Business Bureaus, the American Medical Association and the American Pharmaceutical Association.

The FDA also combined forces with the U.S. Council of Better Business Bureaus in lauching a program to help media ad managers identify false medical claims in proposed copy, and thus cleanse their publications and air-waves of such ads. In order to help consumers avoid becoming victims of health hoaxes, they have published a brouchure, "Tips on Medical Quackery," which identifies some of the more fraudulent practices and suggests ways of coping with them.

An article on health quackery has been prepared by the FDA for publication in the "Age Page," a flier which has been developed in cooperation with the National Institute on Aging. This flier is a single topic publication that is distributed to some 500,000 individuals and organizations. It seeks to alert and educate older persons about drug and medical information of interest to them. In addition to presenting information of particular interest to the elderly, it is printed in large type and offers large type publications for followup.

FDA's agencywide comprehensive umbrella consumer education program which encompasses all aspects of health fraud, but focuses on deceptive medical devices, misrepresented drugs, and food faddism also continues.

Medical Devices of Particular Benefit to the Elderly

INTRAOCULAR LENSES

Data on intraocular lenses (IOL's) continues to demonstrate that a high proportion (85 to 95 percent) of the patients will able to achieve 20/40 or better vision with the implanted lenses and that few (3 to 5 percent) will experience poor visual acuity (20/200 or worse). The data also demonstrate that the risks of experiencing a significant postoperative complication are not great. Furthermore, many of these complications result during the early postoperative period and are associated with cataract surgery; and the incidence of these complications is generally not affected by IOL implantation. Approved lenses have a significant impact on the health of elderly patients having surgery to remove cataracts. The IOL's, because they are safe and effective, aid elderly patients by increasing the options available to maintain their sight and thus their ability to drive and otherwise lead normal lives. The costs of IOL implantations are competitive with other available options, particularly when the continuing costs of contact lens care accessories, such as cleaning and storage solutions, disinfection solutions, or heat disinfection units are considered.

HEARING AIDS

Hearing aids enable senior citizens with amplification impairment to do more than just cope with their disability. They provide them with the ability to carry on useful and functional lives. Our older citizens become very fearful when they cannot hear sounds they once heard. They slowly retrogress, spending more time at home withdrawing from society and from family members. Eventually, they may become nonfunctional and require care. Communication is their window to the enjoyable aspects of life; when they lose it, the process of degeneration may slowly take over. Hearing aids can restore amplification and bring the familiar sounds back into their lives. The day-to-day problems of the hard of hearing can be eliminated with hearing aids, enabling them to enjoy and participate in all there is around.

FDA requires a prospective purchaser of a hearing aid to undergo a medical evaluation no more than 6 months before the sale of a hearing aid to determine the cause of the hearing loss. However, an informed adult, 18 or older, is permitted to waive the medical evaluation before the sale of a hearing aid.

PACEMAKERS

Dysfunctions of the electrophysiology of the heart can develop with age, be caused by disease, or result from surgery. People with this condition can suffer from fainting, dizziness, lethargy, heart flutter, and a variety of similar discomforts or ills. More seriously, such life-threatening conditions as congestive heart failure or fibrillation can occur. FDA is responsible for policy on the safety, efficacy, and labeling of cardiac pacemakers. In addition, on July 18, the President enacted a law to require FDA to provide for a national registry of cardiac pacemaker devices and leads. The information in the registry would be used to assist the Secretary of HHS in determining when payments may properly be made under Medicare. The FDA, in conjunction with the Health Care Financing Administration, is considering ways to implement the legislation.

The modern pacemeker is designed to supply stimulating electrical pulses when needed to the upper or lower chambers of the heart or, with some newer models, both. It has corrected many of the above pathological conditions for a larger number of people. Approximately half a million elderly persons have pacemakers. At present, an estimated 125,000 pacemakers are implanted annually, 30 percent being replacements. An estimated 75 percent of these are for persons 65 years of age or older. Without pacemakers, many of these people would not have survived. Others are protected from life-threatening situations and, for most, the quality of life have been improved. Pacemakers can make life more enjoyable for the patients by enabling them to lead more active lives which require less care. In general, it can be said that pacemakers contribute to the physical and mental well-being of the elderly in our population.

Radiological Programs of Interest to the Elderly

While radiation therapy projects at FDA's Center for Radiological Health (CDRH) are not specifically tailored to the elderly, cancer is the second leading cause of death in the United States for those over age 55. Therefore, the success of these projects affects the elderly and their quality of life.

The major thrust of CDRH projects is in the improved quality of patient care through an emphasis on quality assurance to improve the safe and effective use of equipment used in radiation therapy. CDRH has sponsored contracts and symposia to this end and will be represented at a World Health Organization workshop quality assurance in radiation therapy in Germany in December.

CDRH has also developed a contract with the State of Wisconsin which is funded by FDA to develop a Model State Radiation Control Program in Radiation Therapy. This contract should lead to improved safe use of radiation therapy under the surveillance of States and, thus, improved patient care of elderly cancer patients.

Food Programs for the Elderly

FDA has been involved in cooperative programs with the Federal Administration on Aging (AoA) to help open lines of communication and training between personnel involved in food service programs for the elderly and State and local food officials. In addition to providing food handling training and seminars, FDA has participated in management training and certification in food protection sanitation. The agency routinely makes available copies of FDA codes and guidelines as well as periodic listings of training programs.

Because AoA furnishes home-delivery meals (meals-on-wheels program) and there exist unique problems in equipment and transportation, FDA, in conjunction with the University of Colorado, has assisted with development of a new training program (slide show) specifically designed to meet the needs of personnel involved in a home-delivery program. This will help to insure safer food delivery systems to a population which relies on this food assistance.

The FDA is also working with AoA on a grants programs to improve the technology of delivering foods through the program and continues to be involved in evaluating the nutritional contribution and overall social benefits of this program.

SODIUM

FDA has underway a major initiative oriented toward educating consumers about the relationship between sodium and hypertension. Because many persons suffering from hypertension fall into the elderly category, the Agency has specifically geared certain aspects of the program toward older Americans. One such initiative is a collaborative effort between the FDA and the American Association of Retired Persons (AARP) to develop a slide show and workshop program on nutrition. These program aids would assist people in learning some general concepts on nutrition with particular emphasis on the sodium content of foods and ways to reduce sodium in the diet. Also, the AARP is going to be represented on the FDA's Sodium Education Task Force.

In addition to promoting voluntary sodium content labeling, FDA has also published a number of educational materials. These include: "A Word About Low-Sodium Diets," a brochure developed by FDA as an aid for Doctors in counseling their patients and "Do Yourself a Flavor," an article about the use of herbs and spices as substitutes for salting foods.

The agency has also contracted with the National Urban League for a pilot study on a program targeted toward a number of specific groups, including the elderly Black population.

FOOD LABELING

Nutrition information is of particular value to older persons, many of whom are advised by their physician to restrict consumption of salt and other food components. Thus, the sodium labeling and cholesterol labeling programs which have been underway are expected to have a major impact on health. FDA has finalized and published in the Federal Register a rule concerning the declaration of sodium content of foods and label claims for foods on bhe basis of sodium content. This law amends the food labeling regulations to provide more sodium information to consumers so that they can make wise food choices, and have the information they need to follow low-sodium diets prescribed by their physicians. The regulations define terms denoting levels of sodium and specify the maximum levels of sodium that a serving may contain when these terms are used on the product label.

These rules require the declaration of the sodium content of food labels which contain nutrition information. Nutrition information is required if a processor adds nutrients to a product or makes nutritional claims about it. However, the voluntary inclusion of salt/sodium information on a product label does not require the manufacturer to provide full nutrition labeling. In addition, the Agency is recommending the voluntary inclusion of potassium content information in nutrition labeling because people with kidney and some other diseases who must control their sodium intake must also control their potassium intake. Also, people with high school pressure and other related health problems often use potassium in place of sodium.

Many major food manufacturers have voluntarily included sodium information on food labels since FDA began its sodium education program in 1981. Voluntary sodium labeling has already more than doubled, and a wider range of low sodium foods is being developed and made available to consumers.

FDA is also working on a proposal that would amend current regulations to require cholesterol and fatty acid content of foods to be included as part of nutrition labeling when claims about these substances are made. Most consumers, but especially the elderly are vulnerable to misleading claims about the value of particular methods in preventing or treating heart and artery disease. Cholesterol and fatty acid claims have the potential to be misleading in this regard. Nutrition information about cholesterol and fatty acid content on the food label would minimize the potential for deception and aid individuals on fat-modified diets.

TOTAL DIET STUDIES

The FDA has revised the total diet studies program to reflect changes in current food consumption data developed by the U.S. Department of Agriculture (USDA) and the National Center for Health Statistics analysis of individual foods (rather than the previous food grouping or "composites"). and computerized data manipulation to permit the determination of daily dietary intakes of contaminants and selected nutrients for almost any population or age group in the United States.

Since the 1960's this program—also known as the FDA Market Basket Study—has enabled the agency to measure the levels of pesticides, industrial chemicals, toxic chemicals, radiodnuclides, and essential minerals in the diets of various components of society. The revised program will enable the Agency to determine dietary intake of almost any age population group in the United States. The program will help to identify any problems that may exist specifically relating to elderly populations.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) provides leadership and direction to programs and activities designed to improve health services for all people in the United States and to develop health care maintenance systems which are adequately financed, comprehensive, interrelated, and responsive to the needs of individuals and families in all levels of society. Specifically, the agency: (1) Provides leadership and supports efforts designed to integrate health services delivery programs with public and private health financing programs including the health maintenance organizations; (2) administers the health services block grants, categorical grants, and formula grant-supported programs; (3) provides or arranges for personal health services including both hospital and outpatient care to designated beneficiaries; (4) administers programs to improve the utilization of health resources through health planning; (5) provides technical assistance for modernizing or replacing health care facilities; (6) provides leadership to improve the education, training, distribution, supply, use, and quality of the Nation's health personnel; and (7) provides advice and support to the Assistant Secretary for Health (ASH) in formulation of health policies.

The areas of responsibility as outlined above are carried out by four Bureaus within HRSA as follows: Bureau of Health Professions, Bureau of Health Care Delivery and Assistance, Indian Health Service, and Bureau of Health Maintenance Organizations and Resources Development. The activities of each Bureau have a significant impact on programs and services for the elderly throughout the Nation. These activities for 1983 are reported below.

BUREAU OF HEALTH PROFESSIONS (BHPR)

The Bureau of Health Professions provides national leadership in coordinating, evaluating, and supporting the development and utilization of U.S. health personnel. It assesses the supply and requirements of the Nation's health professions and develops and administers programs to meet those requirements; collects, analyzes data, and disseminates information on the characteristics and capacities of health professions production systems; and develops, tests, and demonstrates new and improved approaches to the development and utilization of health personnel within various patterns of health care delivery and financing systems. The Bureau provides financial support to institutions and individuals for health education programs, administers Federal programs for targeted health personnel development and utilization, and provides technical assistance to national, State, and local agencies, organizations, and institutions for the development, production, utilization, and evaluation of health personnel.

Fiscal year 1984 program activities directed toward the development or professional personnel to provide health care to the aged include:

(1) Activities under training authorities targeted specifically for geriatric endeavors.

(2) Activities under training authorities for primary care, nursing, and other health professionals under which geriatric training may be provided.

(3) Other activities aimed at enhancing the qualifications of future health care providers.

GERIATRIC EDUCATION CENTERS

Four geriatric education centers were funded under section 788(b) of the PHS Act, an authority which includes a focus on extending geriatric training. The centers are located in the following cities and institutions: Ann Arbor, Mich. University of Michigan; Boston, Mass. Harvard Medical School; Buffalo, N.Y. State University of New York; Los Angeles, Calif., University of Southern California.

The awards are for 3 years; the first year grants totaled $871,734; the second year $957,972.

The four centers are to be prototypical regional resources providing multidisciplinary training for health professions in geriatric care. They will provide comprehensive services to the health professions educational community within designated geographical areas. Activities include faculty training in medicine, osteopathy, dentistry, pharmacy, nursing, and related allied and public or community health disciplines. Other purposes are the provision of technical assistance in the design and conduct of inservice and continuing education programs for practicing health professionals and assisting health professions schools in the selection, installation, implementation, and evaluation of appropriate geriatric course materials and curriculum improvements.

HRSA is planning a national invitational conference on education of health professionals in geriatrics for March 4–6, 1985 in Washington, D.C. The conference will bring together health professionals, educators and others to consider the impact of the growing elderly population on health services and the need for the appropriate training of health professionals. On the first day of the conference participants will consider the shortcomings and needs in current geriatric health services and health professions education. On the second day, they will look at innovative health care delivery systems for the elderly and implications for training. On the last day the participants will examine current financing mechanisms and their relationships to training and practice needs.

PRIMARY CARE TRAINING

Under the area health education center (AHEC) program, 11 medical school awardees received a total of $1,866,086 for geriatric medical training, impacting an estimated 45,169 individuals. The largest recipient was the University of Cincinnati which received $1 million for graduate and undergraduate medical training in geriatrics.

Seventy grants totaling $1,383,140 were awarded for graduate traning in family medicine to support specific geriatric activities. Support for activities ranged from improvement in resident and faculty management of chronic diseases of the elderly, to salaries for geriatric consultants and instructors, as well as for a 4-week required rotation in geriatrics. The awards ranged from $1,600 to $170,000. These activities are expected to impact 789 residents and 3,000 patients.

Twenty-four grantees in faculty development in family medicine were awarded $248,361 for teaching faculty on issues in geriatric health care delivery. Approximately 209 faculty members will be affected by programs focused in geriatric medicine. Specifically, the University of Maryland received $248,361 which is expected to impact four individuals each year.

Additionally, the predoctoral training in family medicine, 47 grantees indicated an intent to provide curriculum content in geriatrics and gerontology to undergraduate medical students. An estimated 863 students would be impacted.

Thirty-two general internal medicine and general pediatrics residency programs were awarded a total of $106,653 to expose an estimated 162 residents to geriatric medicine. More specifically, two general pediatric grantees received a total of $17,550, 24 general internal medicine grantees were awarded $85,408 for activities expected to impact 140 individuals, and five combined general pediatric/general internal medicine grantees received $3,695 for their programs which are expected to impact approximately 21 individuals.

Under the grant program for preventive medicine residency training, one grantee, the University of Illinois, reported that three residents would be exposed to geriatrics care during residency training.

The activities of 26 physician assistant grantees, receiving $106,726, are expected to impact 461 students. Emory University received the largest award of $39,500 for its program.

One program in podiatric medicine training, the College of Podiatric Medicine and Surgey in Des Moines, Iowa, is expected to impact six individuals in the area of geriatrics.

Training in geriatric dentistry occurs as part of the dental general practice residency program. These activities are conducted in hospitals and include comprehensive dental services to elderly persons.

NURSE TRAINING

A sizable portion of nursing activity in fiscal year 1984 was directed toward geriatric and gerontologic research and education. This work involved the following major activities:

—The nursing research program supports both the development of knowledge underlying problems of the elderly and the investigation of interventions affecting the well-being of elderly populations. In fiscal year 1984 nine nursing research grants, amounting to over $1,184,000 supported research on topics such as "Effects of Preventicare Exercise on Elders," and "Alzheimer's Disease: Life Factor Profiles: Behavioral Management of Urinary Incontinence."

—The advanced nurse training program awarded over $1.1 million to support 14 gerontological and geriatric nursing concentrations as part of master's and doctoral level nurse training programs.

—Thirteen geriatric nurse practitioner grants were funded in the amount of $1.5 million in fiscal year 1984 to provide special preparation in the case of well and frail elderly receiving care in a variety of settings.

—Special project grants amounting to $389,805 were awarded to three university-based nurse training programs. These projects are aimed at: (1) A continuing education gerontology training program for nurse educators, (2) a nurse assessment/management program for use with the frail elderly, and (3) a continuing education program for registered nurses through the use of cable television and videotape rentals to health agencies and other institutions.

—A contract for $268,491 was awarded to a University Health Services Research Center to develop and test a nursing assessment interview tool to identify self-care behaviors practiced by community-based elderly.

—A geriatric educational program for registered nurses was developed with contract support and made available for purchase. It includes 20 modules involving three major topics: (1) Skilled gerontologic nursing care, (2) education and supervision of health care personnel to provide quality care to the elderly, and (3) administration and management of health care delivery systems serving aged populations.

—A nursing practice center was developed, implemented, and evaluated through contract support. The center is demonstrating and testing innovative methods of providing nursing services including improvement of the delivery of ambulatory nursing wellness care for an identified population of older citizens.

PROGRAM RELATED ACTIVITIES

An evaluation of the effects of grants awarded in fiscal year 1979 and 1980 to 27 projects in order to develop and implement interdisciplinary geriatric curricula was completed in fiscal year 1984. The study showed that funding had a significant and continuing impact on the geriatric activities of those training institutions.

Surveys are underway to assess the current status of geriatric curricula for the following health professions: osteopathic medicine, nursing, podiatry, pharmacy, physical therapy and occupational therapy. These surveys will provide some baseline data for future efforts to improve geriatric training and education programs for health professionals.

OTHER ACTIVITIES

Of particular significance, during fiscal year 1984, the HRSA collaborated with the NIA, AoA, NIMH, VA and DoD in developing a plan to improve and expand education and training in geriatrics and gerontology. A Task Force, chaired by Dr. T. Franklin Williams of the NIA, was appointed by the Assistant Secretary for Health in response to concerns expressed by the House Committee on Appropriations that the Department needed a more coordinated approach to improving training programs and activities in geriatrics and gerontology. The task force continues to function as a vehicle for intra- and interagency communication and coordination.

A literature review of the "Geriatric Specialty" presented facts and expert opinions concerning the establishment of a medical specialty in geriatrics. The paper gave high priority to efforts toward improvement of the geriatric capabilities of all physicians. A second paper describing some selected nontraditional health care models in the area of congregate housing, home health care, and nursing homes is also being developed.

A review of the status of geriatric dental education revealed that the method and extent of geriatric dental training varied widely between dental schools. The review report recommended the development of more and better teaching materials and methods of imparting geriatric dental information. The report also recommended the establishment of a geriatric dentistry review and coordination system for evaluating the relevance, validity, applicability of geriatric educational objectives, curriculum and teaching materials. A conference addressing their recommendation is being planned.

An interagency agreement between the Division of Nursing and the National Center for Health Statistics provided $300,000 to extend the 1984 national nursing home survey. Additional data will be collected concerning types of nursing home personnel, staffing and vacancy rates, employment conditions, and the recruitment and retention of registered nurses.

BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE

HRSA continued its support for a variety of health care programs which were widely used by older Americans in fiscal year 1984. (About 400,000 people 65 years of age or older were among the 4.8 million people treated in the 591 community health centers (CHC) and 111 migrant health centers (MHC) which were funded by the Bureau of Health Care Delivery and Assistance. During fiscal year 1984, the Bureau of Health Care Delivery and Assistance awarded 55 demonstration grants to community health centers and migrant health centers to expand health and support services to the elderly. In fiscal year 1984, a total of 2,835 National Health Service Corps (NHSC) professionals served in health manpower shortage areas providing care to nearly 2.3 million people. As described below, the health care programs and services offered by HRSA were used by older Americans who were among the medically underserved and statutorily defined beneficiary population groups served by HRSA. 102 grants were awarded in fiscal year 1984 to expand the Nation's capacity to provide home health care sevices. Approximatley 60 to 70 percent of the population served by the home health care services program are age 65 or older.

COMMUNITY HEALTH CENTERS

In fiscal year 1984, a total of 591 CHC's located in medically underserved areas provided a range of preventive, curative, and rehabilitative services to 4.8 million persons. About 9 percent of those served were age 65 or older. Formal and informal linkages existed between some centers grantees, the U.S. Department of Agriculture (USDA), and the Administration on Aging (AoA) to augment the number of social and nutritional programs available. These include the food stamp program, the meals-on-wheels projects, and programs in which the CHC provides service to seniors in congregate housing and sponsors multiphasic screening clinics in senior citizen centers and recreational areas. Other linkages include transportation arrangements with long-term care institutions and individual service arrangements with nonprofit senior centers and home health agencies. Special efforts have been made to integrate home health services into an overall health care package as evidenced by the certification of several CHC's as medicare home health providers.

MIGRANT HEALTH

The MHC program provides health care services for migrant and seasonal farmworkers and their families. Migrants live and work in predominantly rural areas where health resources are frequently scarce. The elderly migrant, beset by increasing health problems, is placed in a vulnerable position—faced with inadequate health resources and manpower, and language and cultural barriers. The MHC program authority, section 329 of the PHS Act, as amended November 1978, includes language that broadens eligibility to include a significant number of elderly and disabled. With that legislative authority, the MHC program can serve "individuals who have previously been agricultural workers but can no longer be employed as migrant farmworkers because of age or disability, and members of their families within the area it serves." In fiscal year, 1984, services were provided to 424,000 migrant and seasonal farmworkers through 111 projects. It is estimated that about 2 percent of the migrant and seasonal farmworkers being served in projects funded with section 329 funds are 65 or older.

THE NATIONAL HEALTH SERVICE CORPS

The mission of the NHSC is to provide health manpower to American communities and population groups whose health needs are not otherwise full met. The NHSC places physicians, dentists, nurse practitioners, and other health professionals in areas that have health needs and reduced mobility need primary care providers close at hand. The Corps works closely with the CHC and MHC programs and provides assistance in recruiting health manpower for these programs.

In fiscal year 1984, the NHSC affirmed its commitment of health care to the elderly. The Corps focused on geriatric medicine and other gerontological issues at the NHSC regional inservice conferences for providers and emphasized geriatric health concepts. Through various programs in communities, Corps assignees reach the elderly with programs such as nutrition counseling, high blood pressure screenings, physical therapy, and stroke prevention.

INDIAN HEALTH SERVICE

The Indian health program provides health services to approximately 910,000 American Indians and Alaska Natives, who reside within the geographic area of about 500 federally recognized tribal entities located in 28 States including Alaska. It is estimated that 5.33 percent (48,500) of the American Indian and Alaska Native population is 65 and over. (Based on a 1980 census, age distribution for American Indians and Alaska Natives residing in 28 States in which IHS has responsibilities.) While there is a preponderance of younger persons in the IHS populaton; attention is nevertheless being focused on the needs of the elderly primarily as a consequence of both the yearly Indian Conference in Health of the Elderly conducted by the National Indian Council on Aging and titles III and VI of the Older American Act.

Specific services and interagency linkages have been geared to serve the special health needs of the elderly. Services offered in conjunction with the Administration on Aging include congregate meals, meals-on-wheels, minor home repair, shopping assistance, transportation, health surveillance, outreach, part-time employment, and inservice training for titles II and VI personnel. Other linkages include the IHS medical and social service surveillance for nursing home and extended medical care patients, and assistnce in obtaining services under medicare, medicaid, the USDA-administered food assistance program, Veterans Administration and other Federal and State programs.

BUREAU OF HEALTH MAINTENANCE ORGANIZATIONS AND RESOURCES DEVELOPMENT

In recognition of the advantages of health maintenance organization (HMO) membership to medicare beneficiaries, section 1876 of title XVIII of the Social Security Act was amended in the Tax Equity and Fiscal Responsibility Act of 1982. The amendments are intended to encourage and facilitate medicare enrollment in HMO's. The Office of Health Maintenance Organizations (OHMO) is working closely with the Health Care Financing Administration to implement the amendments. The determination of organizations eligible to provide services to medicare beneficiaries will be integrated with the OHMO responsibility to designate federally qualified HMO's under title XIII of the Public Health Service Act.

HMO's are interested increasingly in expanding their services to the aging. For the elderly, the comprehensive services (including preventive health services) available from an HMO federally qualified under title XIII are a significant incentive on join an HMO.

In setting forth priorities for State and local health planning agency consideration in developing their future agendas and activities, the Office of Health Planning identified the issue of the aging of the population and the increased need for long-term care. It is pointed out that growing long-term care needs will require trade-offs to be made given resource constraints, and that alternatives to institutional care needed to be identified, studies, and considered.

Most of the plan documents developed by the State Health Planning and Development Agencies and the health systems agencies (local planning bodies) reflect a growing concern with and attention to the problems associated with the aging population, and include long-term care as a priority objective. Many of the agencies have not only addressed the need for additional nursing home beds but also conducted studies related to the development of home health care programs and adult day care services. As a follow-up, the health planning agencies have worked with other concerned community groups to implement study findings.

To assist community residents, some agencies have prepared consumer information materials identifying available community services and the costs associated with various alternatives. In addition, many agencies are conducting conferences, seminars and other forums to raise critical issues surrounding aging and long-term care and are engaging in collaborative planning to develop broad based approaches to alleviating the problems.

NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON AGING

The major scientific questions about human aging—What are the normal consequences of aging? Why do they occur? What can be done to make old age less debilitating?—still remain to be answered in full. But through the efforts of the National Institute on Aging (NIA) more is known today than ever before about this area of human development.

In May 1974, Congress authorized establishment of the NIA for the "conduct and support of biomedical, social, and behavioral research and training related to the aging process and the diseases and other special problems and needs of the aged." This legislation also required that the NIA develop a national comprehensive plan for research on aging in cooperation with other Department of Health and Human Services agencies involved in aging research.

During the first 10 years of its existence, the NIA has served as the focal point for such research, and has been at the center of progress in many areas of investigations on aging processes, medical problems, and psychosocial issues affecting older people.

A primary goal of the NIA's research and training programs—to extend the healthy middle years of life—continues to guide the Institute's activities. During the past year, attention has been directed at such problems as urinary incontinence, falls, and blood pressure regulation, all areas in which treatments and interventions are within our grasp. Progress in the clincial handling of these and other medical problems can improve enormously the quality of life for millions of older adults.

In another vigorous program of the Institute, research continues on the ways in which psychological and social processes interact with physical processes in old age. For example, particular emphasis is being placed on the "oldest old" in our society, those 85 years and older. Studies on the unique social conditions of this population will help guide policymakers and others in changing the social structure to accommodate their needs.

An aggressive attack by the NIA on perhaps the most devastating disease associated with old age, Alzheimer's disease, has given hope that treatments may one day be available for those who suffer from this form of mental impairment. The establishment during 1984 of five centers for Alzheimer's research marks the beginning of exciting progress in this area.

The important function of collecting and evaluating data on health and illness is also a task performed by intramural scientists at the NIA. An example of the kind of research initiated during the last year by this program is a study of the aging black population. Details on social, economic, environmental, and behavioral influences on the health of aging black Americans will be gathered with the aim of identifying areas where intervention could prevent illness or disability.

In addition to its support of research and training in universities and similar settings nationwide, the NIA conducts laboratory and clinical research at its Gerontology Research Center (GRC), located in Baltimore, Maryland, and at the Clinical Center of the National Institute of Health in Bethesda, MD. Although much of the research conducted at the GRC involves experimental animals, a long-term study of human aging—the Baltimore Longitudinal Study of Aging—was inititiated there in 1958. In this study, repeated observations of the same individuals are made every 2 years so that researchers can learn what happens as people age. This study is already helping to differentiate between changes that are due primarily to aging and those attributable to disease or environmental influences.

The GRC's Laboratory of Neurosciences investigates the functions, structure, physiology, biochemistry, and pharmacology of the central and peripheral nervous systems and of muscle. The basic research program is coordinated with a clinical program on cerebral metabolism in aging and dementia (particularly Alzheimer's disease).

Finally, communicating the results of Institute-supported studies to both the scientific and lay publics is an essential part of the NIA's mission. Through its health-education activities, the NIA continues to respond to its congressional mandate to inform the public-at-large about the special health problems that concern the old. Cooperative arrangements with private corporations have allowed the Institute to deliver health messages via brochures, fact sheets, exhibits, and public service announcements at little or no cost to the Government. The Institute plans to encourage these arragements and seeks others in the coming years.

ALZHEIMER'S DISEASE RESEARCH CENTERS BEGIN STUDIES

In 1984, the NIA began funding five Alzheimer's disease research centers (ADRC's). The centers share a common goal: to enhance research on Alzheimer's disease (AD) by providing the resources and environment for collaborative, multidisciplinary studies.

The symptoms and course of AD vary among patients. Researchers at the Johns Hopkins Medical Institutions ADRC will try to identify the cellular basis for different clincial manifestations of the disease. They will follow a large group of patients over time and conduct both laboratory and neuropsychological tests. After the patients die, investigators will use state-of-the-art neurobiological probes to examine changes in brain chemistry and structure. They will correlate the clinical signs of the disease with brain pathology, and use this information to characterize subtypes of AD.

Researchers at the University of Southern California School of Medicine (collaborating with the California Institute of Technology, the Beckman Research Institute of the City of Hope, and the University of California at Irvine) will use modern tools of biology to study the molecular and cellular mechanisms underlying AD. Separate units within this ADRC will provide technological help to investigators analyzing the structure and chemistry of brain tissue from deceased Alzheimer victims. Collaborators at the center are working on a variety of projects, ranging from basic studies of neurotransmitter receptors to clinical studies of drug therapies for AD.

The third ADRC is located at the Harvard Medical School/Massachusetts General Hospital; (collaborating with the University of Massachusetts Medical Center and the Massachusetts Institute of Technology). Many of the studies planned for this center will focus on changes in brain chemistry during AD. Researchers will measure the distribution and levels of certain neurotransmitters, enzymes, and neuropeptides in brain tissue from deceased Alzheimer patients. They will correlate changes in brain chemistry with mental and behavioral changes noted prior to death. Like their colleagues at Johns Hopkins, the Harvard researchers will use their findings to identify subtypes of AD.

Much of the research being conducted at the Mt. Sinai School of Medicine/Bronx VA Medical Center ADRC will focus on the development of drug treatments for AD. Researchers are particularly interested in finding drugs that can compensate for the loss of cholinergic activity in the brains of Alzheimer patients. Activity of this neurotransmitter system, which is crucial for learning and memory, is severely decreased in AD. In other projects, scientists will evaluate drug treatments for depression in Alzheimer patients, and will develop an animal model for studying the effect of damage to various neurotransmitter and neuropeptide systems.

The fifth ADRC is at the University of California, San Diego School of Medicine (collaborating with the Scripps Clinic and Research Foundation and the Salk Institute for Biological Studies). The major strength of this program will be the ability to correlate structural and biochemical changes in the brains of Alzheimer victims with changes in neurological and mental function in these patients. Using brain tissue from deceased victims, scientists will measure nerve cell loss, identify changes in neurotransmitter and neuropeptide activity, and characterize the abnormal proteins that accumulate in the brain cells of Alzheimer patients. These pathology findings will be correlated with changes in neurological and mental function measured while the patient was alive. From these studies, scientists will gain insight into the natural course of AD.

BSR PLANS NEW RESEARCH INITIATIVE ON INTELLIGENCE AND AGING

in September 1984, the behavioral sciences research program hosted a research workshop on intellectual functions, social structure and aging, the second in a series of meetings jointly sponsored with the Max Planck Institute of Berlin. For 2 days, sociologists, psychologists, anthropologists and experts from a variety of areas discussed new ideas for research on how changes in social structure and roles interact with changes in the nature and process of intellectual function as people grow old.

BLACK POPULATION STUDY IN PROCESS

In October 1984, the NIA began funding the first large-scale study to look at social, economic, environmental, and behavioral influences on the health of aging black Americans. The 6-year study is being carried out at the Duke University Medical Center in Durham, N.C., under a contract with the NIA's epidemiology, demography, and biometry program.

Similar population studies examining the relationship between environment and health in the elderly have been conducted, but none has focused specifically on black elderly. At least half of the 4,500 subjects in the Duke study will be black.

It is well known that certain diseases and risk factors are more prevalent among blacks than other racial groups. Cardiovascular disease and hypertension, for example, are more common in blacks than in whites. Blacks have higher rates of obesity, are less likely to eat nutritionally addquate meals, and have less access to health care. Up to age 75, blacks have a higher mortality rate than do other racial groups.

The aim of the new study is to uncover the socioeconomic and behavioral factors underlying illness, mortality, and use of health care services among elderly blacks.

Particular emphasis will be placed on identifying areas where intervention could prevent illness or disability in older people.

Researchers will gather a wide range of information about the study participants, including their age, sex, marital status, ethnic origin, religion, education, occupation, and income. They will ask participants about their family and social ties, physical and psychological well-being, dietary habits, drug use, and health-related behaviors such as smoking and drinking. They will also characterize the community in which the participant lives, noting the availability of churches, schools, stores, social networks, and health care providers.

In addition to examining the factors underlying the health and use of health care services, researchers will focus on several special problems in elderly blacks. These include senile dementia; cancerous and precancerous skin lesions; vision and hearing problems; the relationship between kidney disease and hypertension; the relationship of diabetes to weight and body type; the association of sickle cell trait with disease; the relationship of bone density to diet, exercise, and estrogen use; and patients' perceptions of the attitudes of doctors and other health care providers.

The NIA is continuing three similar studies of predominantly white elderly populations, begun in 1980, in East Boston, Mass.; New Haven, Conn.; and three rural counties in Iowa.

NIA LEADS INITIATIVE TO TRAIN MORE PHYSICIANS AND RESEARCHERS IN AGING

By the year 2000, the number of Americans aged 65 and over is expected to reach 36 million—10 million more than in 1980. This projection makes it imperative that we prepare now for greater demands for health services. The Institute has joined several other Government agencies in making comprehensive plans to improve and expand education and training in all aspects of geriatrics and gerontology. The goals are to increase the number of professionals and allied personnel involved in caring for the elderly at community clinics and agencies, hospitals, and long-term care facilities, and to improve their knowledge about preventing and treating diseases that affect older people.

The training initiative is the result of efforts by a Department of Health and Human Services (DHHS) task force appointed by Congress in 1983 and chaired by NIA Director Dr. T. Franklin Williams. Other participating agencies are the Health Resources and Services Administration, the National Institute of Mental Health, the Administration on Aging, the Veterans Administration, and the Department of Defense. A report outlining a plan of action were submitted to Congress in February 1984.

Task force members prepared the report after consulting national experts and obtaining views from over 50 professional organizations. It reviews current education and training programs in geriatrics and gerontology in each of the health professional and allied services areas. It also describes current DHHS programs, suggests innovative and more effective approaches, and outlines a plan to improve existing programs and stimulate new ones.

In response to the report's recommendations, each participating agency is expanding its training efforts. The NIA has added two new grant mechanisms. The new Geriatric Leadership Academic Award will support faculty leaders at health professional and educational institutions who will develop or improve research and teaching programs in aging. The Cooperative and Supplementary Training Awards for Research on Aging will help well-established research training programs to increase the number of investigators they train for careers in aging. The Institute is also planning summer workshops to provide training on specific subjects related to aging, and compiling a directory of training and career opportunities for research in aging.

Members of the task force will continue to meet to implement the report's recommendations.

WORKSHOP EXPLORES PROBLEM OF FALLS AMONG THE ELDERLY

Falls are the seventh cause of death in people aged 65 and over. Each year about 9,500 older people die immediately following a fall. Among those who initially survive a severe fall, more than 20 percent will die within a year. Two hundred thousand people who fall each year suffer hip fractures, the most common fall-related injury. Forty thousand people are placed in nursing homes annually due to disabilities resulting from falls. The total cost of such health care is estimated at $2 billion per year.

Among the many suspected causes of falls are the bone-thinning disorder osteoporsis, use of drugs, visual problems, heart conditions, neurological deficits, gait abnormalities, and environmental hazards.

Although investigators are studying many different aspects of falls, there is no systematic and integrated approach to pinpointing the causes of different kinds of falls and finding ways to prevent them.

To provide directions for future research and to stimulate efforts in this field, the NIA held a 2-day workshop in September 1984. About 30 researchers and other experts from the United States and abroad shared their knowledge about falls and the conditions leading to them, established research priorities, and suggested new approaches to the problem. Publication of a book containing the papers presented at the workshop is planned. NIA staff hope the workshop will stimulate new research projects that will ultimately lead to a more thorough understanding of falls and better preventive techniques.

CONFERENCE ON AGING, REPRODUCTION, AND THE CLIMACTERIC COSPONSORED BY NIA

Specialists in the fields of reproduction physiology, gerontology, and genetics met in June 1984 at a conference to discuss aging, reproduction, and the climacteric. Sponsored by the NIA, the National Institute of Child Health and Human Development, and the American Fertility Society, the 2-day session provided five general sessions and discussions on such topics as methodological considerations in research on the aging reproductive systems, age-related changes in regulatory systems, aging and the reproductive years, the climacteric, and treatment of menopausal women.

INSTITUTE SPONSORS WORKSHOP ON BLOOD PRESSURE REGULATION

In September 1984, the NIA sponsored, along with the National Heart, Lung, and Blood Institute, a conference on blood pressure regulation and aging. The 2-day conference covered such topics as epidemiology, cardiovascular hemodynamics, the biology of vasculature, sociobehavioral considerations, clinical management, and clinical trials. Experts from various fields of research presented state-of-the-art papers and led discussions of research needs. The proceedings and recommendations of this workshop will be published within the next year in monograph form.

NIA ANNOUNCES FUNDING MECHANISM FOR STUDY OF URINARY INCONTINENCE

In March 1984, the NIA and the Division of Nursing, Bureau of Health Professions, Health Resources Services Administration announced the availability of funds to support clinical trials of behavioral therapies for urinary incontinence in the elderly. Until recently, urinary incontinence has been generally neglected as an area of research. Consequently, little known about the prevalence or severity of the problem, the types of urinary incontinence, the most common forms of treatment used, and the success rates of such treatments. The NIA hopes to encourage much needed research efforts through program announcements such as this one.

Behavorial interventions to be tested may include, but are not limited to: habit retraining, pelvic floor exercises, not biofeedback approaches. Combinations of these techniques will also be appropriate for study. Pharmacological, surgical, and environmental interventions may be used in addition to "control" regimens for additional comparisons. The duration of the projects will be up to 5 years, with funding beyond the first year contingent on satisfactory progress and availability of funds.

Four investigators have been awarded research funds for this program. Their projects will be conducted at the State University of New York at Buffalo, the Medical College of Virginia, the Pennsylvania State University, and the Middle Tennessee State University.

ILLUSTRATIVE RESEARCH ADVANCES

SCIENTISTS IDENTIFY BIOCHEMICAL ABNORMALITY IN ALZHEIMER BRAIN TISSUE

Research on Alzhehimer's disease, the most common form of dementia among the aged, continues to be a high priority for the NIA, as Institute scientists and grantees attempt to identify what causes the disease and how it can be treated or prevented. Now, researchers studying basic cell metabolism at the Harvard Medical School and the McLean Hospital in Belmont, Mass., may have uncovered one key to the mechanisms underlying this illness.

In a series of investigations supported by the NIA, Drs. Charles Marotta and Elizabeth Sajdel-Sulkowska have found a biochemical abnormality that impedes production of new protein in Alzheimer brain tissue.

For some time we have known that the most serious symptoms of the disease are closely correlated with the intracellular accumulation of abnormal protein structures called neurofibrillary tangles. But scientists have always been puzzled as to how these pathological changes relate to normal cell function.

Marotta and Sajdel-Sulkowska compared autopsied tissue from the cortex of six Alzheimer victims with that from four patients of the same ages who died of other causes. The Alzheimer brain tissue showed massive accumlations of neurofribrailary tangles.

In the diseased brains, the investigators found little more than half the normal amounts of ribonucleic acid (RNA). RNA is a key chemical in the production of protein, a process that is critical to the life of the cell. A closer look linked the lower levels of RNA to the presence of increased ribonuclease activity. In the healthy brain, ribonuclease breaks down RNA, but its activity is closely controlled by an inhibitor protein. In the Alzheimer brain, Marotta and Sulkowska found that ribonuclease activity was higher, resulting in more destruction of vitally important RNA which results in less protein synthesis.

This work is an extension of earlier studies in which Marotta and his colleagues first showed that messenger RNA can be removed from the postmortem brain for scientific study. Until Marotta's pioneering work, it had been assumed that large molecules, such as RNA and deoxyribonucleic acid (DNA), were broken down very quickly after death. This might have been the case using more traditional chemical methods for storing brain tissue. Formalin, the chemical used to fix brain tissue after death, destroys enzymes and other fragile biochemical substances in the autopsied brain. But most of these problems are alleviates when autopsied brain tissue is frozen and later thawed for study. According to Marotta, if the brain has been frozen and stored, RNA will synthesize protein as if in a living brain, even years after death.

As the investigators are quick to point out, their work on autopsied brain tissue has already been corroborated in living patients. Using positron emission tomography, a noninvasive technique which monitors metabolic activity in living tissue, a group of French scientists have found a 65 percent drop in brain protein synthesis in patients in the later stages of Alzheimer's disease.

It is not possible to state if this change marks the onset of Alzheimer's disease, or if it is just one of a series of events that takes place as brain cells begin to die. At the very latest, Marotta and Sajdel-Sulkowska have identified a defect in Alzheimer's which might have implications for improved diagnosis of Alzheimer's disease in living patients. If, as the investigators apeculate, decreased protein synthesis results in the chemical changes and brain cell death characteristic of Alzhehimer's disease, then we might be one step closer to finding out what causes this debilitating illness.

WORK CONTINUES ON BRAIN TRANSPLANTS AND AGING

A redent study by Dr. Fred Gage and his colleagues at the University of Lund in Sweden indicates that brain tissue transplants can reverse learning deficits in severely impaired aged animals. This finding comes from one of several NIA-supported studies using brain transplant technology to develop a better understanding of aging and age-related problems (see last year's Developments in Aging).

Using a technique perfected by Drs. Anders Bjorklund, Ulf Stenevi, and their collaborators, Gage hopes to show that the can recover from serious damage caused by such neurological disorders as Alzheimer's disease. His work has two primary goals: to understand the basic mechanisms underlying loss of memory, hearing and visual deficits, diminished coordination, and other functional impairments that often occur in aging, and to pursue therapies to ameliorate these deficits. In order to do this, Gage is developing experimental animal models for human disorders.

The studies involve first correlating the behavorial deficits seen in a population of aged rats with selective biochemical and anatomical changes in the brain. In stage two, the investigators are attempting to reverse the anatomical, biological, and behavorial changes by transplanting cells from healthy young rat brains into those regions of the brains of aged animals that control specific functions.

Both before and after the transplant operation, the rats are tested on a variety of behavioral tests to measure changes in their performance.

The researchers have found that embryonic rat cells survive and grow in the brains of aged rats. They are also finding that severe motor impairments observed in aged rats can be reversed by transplanting dopamine-containing nerve cells into the striatum. The striatum is an area of the brain responsible for programming motor behavior. Perhaps the most exciting results, however, have come out of their recent study of cognitive deficits. Gage and his colleagues have been able to reverse serious learning deficits in impaired aged rats by transplating cholinergic cells into the hippocampus. The hippocampus is involved in the formation, retrieval, and consolidation of memory. In humans with Alzheimer's disease, the hippocampus shows marked cell pathology.

Before the transplants, some of the aged rats showed severe impairments on a task of memory and learning. Three months after the transplants, these rats were able to learn the strategy required to complete the task successfully.

Through experiments like these, researchers are learning a great deal about specific neurochemical systems as they relate to behavior. There is also a good deal of excitement among researchers about the fact that transplanted brain tissue can survive and thrive in a foreign host. Perhaps some day, these studies can be applied to help us understand and treat dementia and related neurological disorders in the human population.

VIGOROUS EXERCISE REDUCES HEART DISEASE RISK FACTORS

People who have high blood levels of insulin (the glucose-controlling hormone) and low-density lipoproteins (LDL, a type of cholesterol) have a higher than normal risk of developing coronary artery disease. In a study supported by the NIA, a 6-month program of intense exercise reduced both of these risk factors in a group of healthy older men and women. The research was conducted by a team at the Washington University School of Medicine headed by Drs. John O. Holloszy and James M. Hagberg. Their findings suggest that regular, vigorous exercise may help prevent heart disease, the major cause of death in people over 65.

Seven men and four women in their sixties completed a 1-year exercise program. During the first 6 months they engaged in low-intensity training consisting of 27 minutes of moderately vigorous walking 4.6 times per week. Then they moved on to high-intensity training consisting of 30 to 45 minutes of cycling, treadmill walking, or jogging at least three times a week. Six men and four women in the same age range who did not exercise served as controls. None of the 21 subjects had exercised regularly before the study.

The researchers analyzed blood levels of insulin and lipoproteins in all the volunteers at 6-month intervals. They also checked their weight status and maximum oxygen uptake, the best indicator of cardiovascular-respiratory fitness.

Low-intensity training reduced insulin levels in the exercisers following an oral dose of glucose. Insulin levels tend to increase to higher than normal levels in older people, indicating that the body cannot use glucose as efficiently as in younger people. Insulin levels dropped even more during the period of high-intensity training.

Although blood cholesterol levels did not change after the moderate exercise program, they improved after vigorous training. There are several types of cholesterol which, added together, form the total count. Contrary to popular belief, not all cholesterol is undesirable. Low-density lipoprotein (LDL) cholesterol promotes heart disease, but high density lipoprotein (HDL) cholesterol seems to protect against it. In this study, vigorous exercise had the beneficial effect of increasing the ratio of HDL to LDL cholesterol.

Body weight among the exercisers did not change during the moderate training program, but a significant amount of weight was lost during the program of intense exercise. This weight loss involved a change in body composition, with a reduction in fat and an increase in the percentage of lean tissue. Maximum oxygen uptake increased 12 percent during the moderate exercise program and an additional 18 percent during the vigorous program.

This study indicates that a regular program of strenuous exercise can have a very favorable impact on insulin response to glucose and blood fat levels, as well as significantly improving general cardiovascular-respiratory fitness. However, it is important for people who have been inactive to consult a doctor before starting a vigorous exercise program to check for problems such as hidden heart disease and orthopedic abnormalities.

Two other studies by the same research group also yielded evidence that the health benefits of exercise extend into the later years. One study demonstrated that when men and women in their early sixties increased their walking and other daily activities (without supervision), they improved cardiovascular-respiratory fitness, resting diastolic blood pressure, insulin sensitivity, and other health indicators. Another study of young and older athletes and sedentary men found evidence that regularly performed vigorous exercise can prevent the deterioration of glucose tolerance and insulin sensitivity that occurs with aging. (See page 39 for related studies supported by the National Heart, Lung, and Blood Institute.)

NIA CONTINUES RESEARCH ON BRAIN AGING

The National Institute on Aging Laboratory of Neurosciences (LNS) is making significant contributions towards our understanding of the fundamental processes which underlie normal brain aging and the dementias of aging. Using positron emission tomography (PET) and various neuropsychological measures, these scientists are finding that in some cases brain function, and perhaps most significantly cognitive function, may be tied to metabolic activity in the brain. LNS scientists were the first to find that brain metabolic activity does not decline over the life course and that the healthy aged brain is as active as the healthy young brain (Special Report on Aging: 1983), and also the first to report that glucose, the major substrate of brain metabolism, is used excessively in brains of young adult Down's syndrome patients (Developments in Aging: 1984). More recently, LNS scientists have begun to use PET to measure cerebral metabolism in patients with mild, moderate and severe forms of Alzheimer's disease, and are attempting to compare their results with neuropsychological performance. It is well established that there are considerable changes in cerebral metabolism in late stages of Alzheimer's disease, but not so well established what, if any, changes in metabolism precipitate changes in cognitive function in early stages. NIA scientists are attempting to develop a fuller picture of the disease by looking at the most mildly impaired patient population to be reported in the literature. One exciting avenue being pursued involves study of how the brain is organized in terms of function. For example, in young adults there is a strong correlation between the activity of the frontal and parietal lobes. LNS scientists are finding some differences in communication between these brain regions as people age. In the upcoming year, Drs. Stanley Rapoport, Neal Cutler and their staff will attempt to refine and broaden application of this novel matrix approach they have devised to examine the brain in aging and dementia.

NEW SCANNER DETECTS SPINAL BONE LOSS

Severe bone loss in the elderly and in postmenopausal women is a serious problem. It often produces pain, disability, and potentially life-threatening hip fractures and related symptoms for its many victims.

About 200,000 persons, mainly postmenopausal women, suffer the ill consequences of hip fractures each year, no doubt due in part to bone thinning and other structural changes caused by osteoporosis. Although the precise mechanisms responsible for osteoporosis are not fully understood, age, diet, exercise patterns, and changes in the production of the primary female hormone, estrogen, are apparent risk factors.

Now, however, a more accurate measure of the aging skeletal system is being applied in investigations at the NIA's Gerontology Research Center (GRC) in Baltimore. Dual photon absorptiometry, an innovative, low-risk diagnostic procedure, is being used by Drs. Chris Plato and Jordan Tobin to study bone loss and mineral density in the lumbar vertebrae, or lower spine. This area is quite vulnerable to back pain, vertebral collapse, and spinal fractures in elderly persons. The investigators are studying healthy men and women of various ages in the Institute's Baltimore Longitudinal Study of Aging (BLSA).

Previously, GRC scientists have looked at skeletal changes in the hand, primarily the second metacarpal bone. Their studies indicated that combined cortical thickness of this bone gradually decreases with age, from about age 40 on for most healthy individuals. The researchers also have looked at bone density of the ulna and radius with X-rays, or single photon absorptiometry.

The new scanner can do more. It allows the researchers to make direct, precise measurements of bone loss and mineral density in the second, third, and fourth lumbar vertebrae, where bone fractures and breakage frequently occur. Scanning the spine, the analyzer measures directly the bone mineral content through the various layers of tissue. Once collected, information on bone loss and mineral density is analyzed, compared to normal controls, computerized, and recorded.

According to the GRC investigators, the procedure yields many advantages over other techniques used to assess bone changes. Most important from a health standpoint, it emits only about 30 millirems of radiation, or about the equivalent of a chest X-ray. It is painless, takes about 30 to 35 minutes, and has an error of only 2 to 3 percent.

It is already known that cortical (long) bone loss is accelerated after menopause. According to Dr. Plato, a main objective for using the dual photon scanner is to determine if trabecular (flat) bone loss is also accelerated with menopause, and if so, why. Also, Drs. Plato and Tobin hope to relate their findings to other ongoing studies of BLSA subjects, focusing on diet, exercise, smoking habits, caffeine intake, and the use of certain medications. In addition, they plan to eventually make measurements at the head of the femur bone, another susceptible area for bone problems.

Using dual photon absorptiometry, researchers and physicians may yet find better ways to treat the many bone diseases that threaten the welfare of older men and women.

STUDY FOCUSES ON TREATMENT AND PREVENTION OF URINARY INCONTINENCE

Urinary incontinence—the involuntary loss of urine—is especially common in women over 65. It is a social as well as a medical problem. Those affected often isolate themselves, refusing to leave the home or see other people for fear of an "accident." A study being conducted at the University of Michigan in Ann Arbor may bring help to these women and to others who are at risk of developing urinary incontinence.

The two most common types of incontinence in women age 55 and over are: stress incontinence in which leakage occurs during physical exertion or when sneezing or coughing, and urge incontinence in which patients have a strong urge to urinate and are unable to hold urine long enough to reach a toilet. The latter form is often associated with neurological changes, and is also the type usually associated with older people, while stress incontinence has been thought to be equally common among older and younger women.

In a study which will ultimately involve 400 women with urinary incontinence, NIA grantee Dr. Thelma Wells hopes to show whether pelvic floor exercises can be used to control stress incontinence. The pelvic floor muscles extend from the base of the spine to the pelvic bone and form a supporting framework as they encircle the urethra and bladder. Voluntary tightening and relaxing of these muscles can strengthen them and is often recommended for pregnant women as a means of conditioning the pelvic area which must support the weight of a growing fetus.

The Michigan investigators designed a two-phase study which will compare pelvic floor exercises with more common drug treatment. In the first phase, which is still in progress, women with incontinence—who currently range in age from 55 to 90 years—are interviewed about their urinary problems and undergo tests to determine the type of incontinence they have. Surprisingly, in this study more women have been diagnosed as suffering from stress incontinence than from urge incontinence. A majority of the women interviewed so far have had the problem for 10 or more years, and a majority had sought help for the condition in the past but did not receive treatment. Improving knowledge about the average age of onset of urinary incontinence and about the most common type found in older women will help guide health-care providers who treat the condition and who design patient-education programs.

In the second phase, the study participants either receive a standard drug therapy for stress incontinence—phenylpropanolamine—or are instructed in the use of pelvic floor exercises. A majority of the women using the exercises report that the treatment has helped their condition, but definite conclusions cannot be drawn until more patients have completed this phase of the study. If it can be shown that these exercises can significantly strengthen the pelvic floor area, it may be possible not only to help thousands of women who now suffer from incontinence, but to prevent the problem in younger women who may develop it in the future.

MORPHINE ABUSE RESULTS IN AGING-LIKE CHANGES

Drug abuse is a major medical and social problem. Many drugs, especially pain-relieving medications, are often abused.

Despite this widespread abuse of drugs, scientists have previously conducted little research on the anatomy of drug abuse. Although it is known that drug addicts often experience a decline in physical and mental health attributable to their habit, the exact cause for these functional declines is not clear. For example, heroin addicts and other habitual drug users may experience certain kidney changes, but often this has been attributed to the impure nature of the street-obtained substance, and not to the drug itself.

Investigators at the NIA's Gerontology Research Center (GRC) in Baltimore, Md., and the National Institute of Drug Abuse (NIDA) in Rockville, Md., are collaborating on a project designed to examine the effects of drug abuse on disease and cellular aging. To do so, they are using high-powered electron microscopy to observe the anatomical changes induced by morphine in the cells of laboratory animals.

Dr. John Johnson of the GRC and Drs. Edythe London and Richard Walovitch of NIDA administered pure morphine to young (4 to 6 month old) male Fischer-344 rats. Morphine pellets were implanted under the skin in one group of rats; the other group served as controls. The pellets were left in place for 7 days, after which the animals were sacrificed.

Afterwards, the scientists looked for changes in the autonomic nervous system and kidneys of the morphine-treated rats, who by now were addicted to the drug. They found that the drug-treated animals displayed various nervous system and kidney changes closely resembling those often seen, under microscopy, late in life in laboratory animals. For instance, structural changes in certain brain cellular components, the axons, were evident, a condition known as neuroaxonal dystrophy. Since pure morphine was used, this provided evidence that the changes observed, an increase in the number of microvilli, for example, took place in direct response to the drug. This ruled out the concept that contaminants often found in street-sold heroin are responsible for functional kidney changes. The observed kidney changes correlate strongly with earlier findings in the kidneys of aged laboratory rodents.

Bereavement Studies Conducted by NIA Grantees

It has long been thought that death of a spouse is the single most stressful event in a person's life, but there has been little in-depth research on this issue particularly as it applies to the elderly. In recent years the NIA has funded various studies dealing with bereavement as it affects the mental and physical health of the survivor. As reported in a prior report, Dr. Knud Helsing contributed a large-scale study on this topic. Complimenting his work, several other researchers have delved into this area.

At the University of Southern California in Los Angeles, NIA grantee Dr. Larry Thompson has found that impairment of the bereaved spouse's physical and mental health may not be as severe or traumatic as previously thought. Although depression, anxiety, and social withdrawal are common for the months immediately following a loss, there is a significant recovery within 1 year in most cases. His study demonstrated, however, that more men than women died during the first year after a spouse's death. Furthermore, he found that better psychological adjustment existed among individuals who were outgoing and flexible and those in higher socioeconomic groups.

Dr. Martin Faletti, in a second NIA-supported study, substantiated Dr. Thompson's findings by concluding that when a spouse died unexpectedly there was more likely to be deeper depression than when death was anticipated, but there was no significant difference 7 to 13 months later. Additionally, he found that the death of a spouse was followed by a period of loneliness, depression, and decline in health, but most of this subsided after 1 to 2 years.

In another NIA-supported project, Dr. Margaret Dimond, at the University of Utah in Salt Lake City, is studying factors that help elderly persons adapt to the death of a spouse. She found that of the 18 percent who were still experiencing major depression, stress, and the inability to cope after 2 years, the single common denominator was a low self-esteem that existed prior to the loss. Poor self-image was likely to affect physical, emotional, and social functioning. Dimond further determined that loneliness was the most common and persistent problem related to bereavement, but equally important were difficulties in doing home repairs, preparing meals, balancing the checkbook, and other daily activities. She recommends that in order to help bereaved elderly we need to identify those individuals with low self-esteem and work to enhance a good self-image through self-help groups.

Other grantees are studying such topics as bereavement resulting from the loss of a child, sibling, or parent, as well as loss due to divorce.

As a result of these and future studies, social scientists may be able to develop techniques to reduce the length and intensity of the period of bereavement.

Regulation of Gene Expression Studied by NIA Grantee

Each cell in the body contains all of a person's genes, but not every gene is active in every cell. Even genes that are "expressed" in a given cell may be active at certain times in the life cycle and dormant at other times. One of the big questions in modern genetics is how cells know which proteins to make, when to make them, and how much to produce. How, in other words, is gene expression regulated?

A promising approach to understanding the regulation of gene expression is being pursued by NIA grantee Dr. Gleen C. Bewley at North Carolina State University in Raleigh. Using the fruit fly as a model, he is looking at the genetic system responsible for the production of an enzyme called catalase.

Dr. Bewley has located the gene that encodes catalase, and is searching for the genetic elements that control its expression. To "expose" the regulatory genes, he is inducing mutations that alter the regulation of catalase production in the fruit fly. These mutations are detected through changes in catalase levels. Using this technique, he has identified areas of DNA outside the catalase gene that influence its expression.

Dr. Bewley is also investigating the role of catalase in aging and longevity. Catalase protects cells against damage from oxygen free radicals, highly unstable chemicals produced during normal cell metabolism. If these free radicals are not neutralized by catalase or other antioxidants, they can damage cell membranes, proteins, fats, and DNA. Some researchers believe the deteriorative changes associated with old age result from an accumulation of damage by oxygen radicals. Conversely, some researchers attribute man's relatively long life span to the efficiency of his antioxidant systems.

Since there are not naturally occuring mutants that fail to produce catalase, scientists have been unable to evaluate fully its function. Dr. Bewley is inducing mutations in the catalase gene of fruit flies, and isolating mutants that do not produce the enzyme. His work provides a unique opportunity to determine what effect the absence of catalase has on susceptibility to free radical damage and on life span.

PROJECT IDENTIFIES WAYS TO COMMUNICATE HEALTH INFORMATION TO OLDER PEOPLE

The best way to deliver health messages to the elderly is to use multiple channels of communication including television, radio, newspapers, magazines, fact sheets, and professionals such as doctors, pharmacists, and nurses. There is a greater likelihood that older people will adopt good health practices if they receive health information frequently and from a variety of sources.

This is the major conclusion drawn from a market research study of aging and health promotion supported by the NIA, the Office of Disease Prevention and Health Promotion, the Administration on Aging, and the National Cancer Institute. The project was conducted under a contract with SRA Technologies in Arlington, Virginia; Porter, Novelli, and Associates of Washington, D.C.; and Juarez Associates in Los Angeles, Calif.

The project's goal was to determine how interested older people are in acquiring health information and whether or not they want, and are able, to make lifestyle changes to improve their health. The answer is an unqualified "yes." A report summarizing the study and its findings asserts that there is a definite need for health promotion among the elderly. It concludes that many older people are very interested in health, that they have the time to engage in healthful activities, and that they may be particularly responsive to health promotion.

There is increasing evidence that many health problems are associated with poor health habits such as smoking, nutritional excesses or deficiencies, lack of exercise, and misuse of medications. Ideally, good health habits should be formed early in life. But older people, too, are known to benefit from dietary changes, increased activity, smoking cessation, and other positive lifestyle changes.

The market research project consisted of three parts. First, the researchers reviewed the literature on six specific subjects: Physical fitness and exercise, nutrition, prevention of accidental injuries, safe use of medications, smoking, and preventive health services. Then fifteen focus group discussions were held with older people to learn about their perceptions and concerns regarding health; to determine whether concerns vary according to age, socioeconomic level, retirement status, or ethnicity; and to identify areas in which more information is needed. Thirdly, the investigators reviewed data on the media habits and the demographic characteristics of elderly Americans to get information about which channels of communication are most effective in reaching older audiences.

The report offers specific suggestions about preparing materials. They should be simply and clearly written, informative, attractive, credible, and relevant to different economic and cultural groups. They should provide information about recommended procedures, such as high blood pressure checks and influenza immunizations, and note the availability of specific services. Caution should be used, however, so that the results of health promotion are not "over-promised."

A major public health education campaign for the elderly based on the results of this study is now being planned by six Government agencies and the American Association of Retired Persons. The two areas selected for emphasis are exercise and nutrition. A parallel effort focusing on improving medication use by the elderly is now under way.

NEW INJECTABLE CEMENT MAY HELP REPAIR BROKEN BONES

Technical advances in one field of research often lead to advances in other, unrelated areas. Aerospace engineers have worked for years developing better materials from which to manufacture airplane parts, for example wings, which must be strong yet light. Healthy human bone must also be strong yet light, which led scientist Dr. Tobin Gerhart to the idea of transferring technology developed in aerospace research in order to make a material to be used in repairing broken bones.

At the Beth Israel Hospital and Harvard Medical School in Boston, Dr. Gerhart and his colleagues are experimenting with various mixes of collagen—the primary component of human bone—and gelatin to produce an injectable bone cement. Bone fractures are a leading cause of disability in older adults, and account for a high percentage of admissions to hospitals and nursing homes. These fractures are generally thought to be a consequence of osteoporosis, an age-related bone disorder. For many elderly, complications resulting from a long convalescence associated with a broken bone may cause permanent disability or even death. For these reasons, scientists are anxious to find better ways of repairing bone fractures in older patients, especially those with osteoporosis.

Laboratory evaluations of the compressive properties of Dr. Gerhart's collagen/gelatin composite have shown that is is a strong as porous human bone. The composite has the consistency of a semi-liquid paste suitable for injection into the bone cavity when first mixed; after injection, the cement hardens to provide immediate structural support.

Successful development of a cement suitable for injection into human bone involves overcoming such problems as high body humidity and temperature, two factors that would have an obvious effect on the stability of the glue-like substance. The cement must also be biologically compatible, since it must eventually be resorbed and replaced by the host bone.

In addition to aiding patients with osteoporotic bones, the cement could be used to correct defects caused by tumors and infections, or as as alternative to methylmethacrylate, the synthetic material currently used in total-hip replacements.

Preliminary tests have been successfuly conducted in sheep, but human studies have not yet been performed. The Boston research team plans to continue refining the cement to achieve better biocompatibility and strength, and plans to adapt the techniques used in animals for studies in humans.

ELDERLY CAN LEARN TO HEAR USING TOUCH

Thirty percent of the U.S. elderly population suffer from some form of hearing impairment. Of these, as many as one-half million people are so severely impaired that standard hearing aids and devices are of little or not help.

With grant support from the National Institute on Aging, Dr. Frank Saunders and his colleagues at the Taction Corp. in San Rafael, Calif., have created a wearable tactile sensory aid that may eventually open up the world of sound to deaf and hearing impaired individuals. Saunders received NIA funds under a new National Institutes of Health mechanism which, for the first time provides grants to profit-making institutions.

Saunders' device consists of a 1½ inch-wide belt worn around the waist. When the user puts the belt on, 16 active electrodes—small goldplated rivets—sit against the abdomen. A 1¼ pound electronic device provides the power for the system and allows the user to control the intensity of the signal. The device is no larger than a portable cassette player and can be hooked to a belt or carried in a purse.

As a small microphone clipped to the label picks up sounds, they are converted into 20 microsecond pulses which play across the band of electrodes. Vowels, consonants, and words create distinct patterns that the user must learn to recognize. The sensations are subtle and not at all uncomfortable to the wearer.

Like other tactile devices, the belt allows users to participate in conversations, to be aware that others are speaking even across the room, and to "hear" the sounds made by a ringing phone, or doorbell, or an oncoming car. But Sounders' device is unique—and perhaps most attractive to elderly individuals—because it is portable and inconspicuous. It may also prove to be far more sensitive in discriminating sounds than any other aid or method currently available to the hearing impaired.

Because sounds are translated on the basis of their frequency, the belt may prove especially useful to elderly individuals with presbycusis. Presbycusis, the most prominent cause of hearing loss among the elderly, is characterized by a gradual decline in hearing ability, especially for high-pitched sound. Currently, there is no hearing aid which fully compensates for this type of loss.

Through the small business innovative research program, the NIA provided original support to Dr. Saunders to develop and refine a method for translating language and other sounds into signals and to develop a prototype for field testing. The investigators are excited by the speed with which their research has progressed and will soon begin testing in several communities.

A number of questions remain to be answered as the investigators proceed with their tests, not the least of which is how able and willing elderly individuals are to learn a "new language." Nonetheless, Saunders feels that the device offers immediate benefits as a way of discriminating sounds in the environment, and assisting elderly people who are already lip reading. Although lip reading is the most widely used natural form of hearing aid among the elderly, it requires a great deal of concentration. Less intense concentration would be needed if the belt were used as a backup system.

The impact of hearing problems on the quality of life in old age can hardly be underestimated. It can lead to difficulties in day-to-day communications, confusion that can mimic Alzheimer's disease, paranoid-like reactions, and social isolation. Tactile sensory devices may help improve the quality of life for some 13 million elderly Americans currently affected by hearing impairments.

NATIONAL CANCER INSTITUTE

Aging and Cancer

Cancer is chiefly a disease of middle and old age; more than half of all cases of cancer are diagnosed in persons aged 65 and over. For this reason, the National Cancer Institute (NCI) has been committed to research in aging and cancer for some time.

In one area of research, investigators are trying to find out how the aging and cancer processes are linked, or if they are distinct and separate processes. Work in another area has focused on the care of the older cancer patient, societal problem that can only become more serious as our population ages.

To encourage studies that will contribute to our understanding of the management of cancer in the elderly, therefore, the NCI—in consultation with the National Institute on Aging (NIA)—issued a request for applications in Fiscal Year 1983 to stimulate multidisciplinary research in this field.

Applications were sought for research on the natural history of cancer in the elderly, treatment patterns, the interaction of the processes of aging and cancer, and the ways in which interdisciplinary approaches could achieve optimal cancer care for the elderly. Eleven applications were funded in fiscal year 1984 (nine by NCI, two by NIA).

In one such study, Colin B. Begg, Ph.D., and associates at the Dana-Farber Cancer Institute in Boston, are looking at chemotherapy use for elderly patients. Using new data plus data from the Eastern Cooperative Oncology Group, Dr. Begg's group is trying to assess the efficacy and the toxicity of chemotherapy among older patients. The investigators are also looking at the extent to which elderly patients are being treated on research protocols. When these patients are not on protocols, they are trying to find out why. They are also comparing the treatment given to elderly cancer patients in community hospitals and in major cancer centers.

Another study is aimed at improving early cervical cancer detection among elderly women. David D. Celentano, Sc.D., and associates at Johns Hopkins University in Baltimore want to see if older women use early detection methods (chiefly Pap smears) as readily as younger women, and if and how older women are influenced by health care providers to get these early tests. They hope then to look at ways in which early detection methods might be improved. They are using mail and telephone surveys to collect data from 200 women with cervical cancer, from 1,200 middle-aged and elderly women in Maryland, and from selected health care providers.

Should age be an independent factor in planning treatment for a cancer patient? Or should all cancer patients be treated the same way regardless of age?

Harvey J. Cohen, M.D., of Duke University in Durham, N.C., is examining a number of data sets to try to answer this question. He and his associates are examining data from about 3,700 cancer patients and 1,700 noncancer patients seen at Duke University Hospital, a veteran's hospital, and at three regional hospitals in the state. (These data were all collected in a 1975–77 project that reviewed certification or cancer deaths.)

They are also looking at the minimal database at the Duke Comprehensive Cancer Center and at the specialized database there for patients with breast cancer, prostate cancer, and melanoma.

It is generally understood that our reactions to various drugs may change as we age. Merrill J. Egorin, M.D., and associates at the University of Maryland in Baltimore are examining changes in drug metabolism and disposition as a way to explain poor results seen in elderly patients with specific types of lung cancer and leukemia at the university's cancer center. These patients, when treated for acute nonlymphocytic leukemia (ANL) and for small cell lung cancer (SCLC), displayed more signs of drug toxicity and a poorer rate of complete remissions than similar groups of younger patients.

Before new patients are treated with anticancer drugs, the investigators will examine their liver and kidney function in detail. Then, as anticancer drugs are given, they will measure individual uptake of these drugs and see if age-related changes in kidney and liver function are responsible for differences in drug uptake and utilization.

Investigators at the University of California at Los Angeles, led by Sheldon Greenfield, M.D., are looking at data from the Los Angeles County Cancer Surveillance Program to see if care patterns differ for young and old patients. The cancer surveillance program is a registry of all new cases of cancer among all residents of Los Angeles County. If they find differences in care patterns, they hope also to pinpoint why the differences occur.

Dr. Greenfield and his associates are reviewing the extent of disease at diagnosis, the duration of symptons before diagnosis, and other data for three different age groups—50 to 65, 66 to 75, and 76-plus—and for three different cancer sites—breast, prostate, and colon/rectum. They plan also to review medical records of 1,200 patients seen at nine hospitals.

How physicians react to older cancer patients, and how these attitudes may affect treatment, are among the topics being considered in a study in Rhode Island. Vicent Mor, Ph.D., of Brown University in Providence is looking prospectively at 800 elderly patients as they are admitted to the Rhode Island Hospital, Roger Williams Hospital, and eight community hospitals for treatment of lung, breast, or colorectal cancer.

Dr. Mor and his colleagues will review age, performance status, and medical management, plus psychosocial, emotional and economic factors, of all the patients. They will then interview some subgroups of patients to ascertain their response to treatments and to disease management decisions.

In a somewhat similar study in the Southwest, Jonathan M. Samet, M.D., and associates at the New Mexico Tumor Registry are looking at patterns of diagnosis, treatment and survival among older cancer patients. They are examining a database for 40,000 cancer patients diagnosed among all residents in New Mexico and all American Indians in Arizona from 1969-82. They are also planning to interview a series of 800 patients 65 and older who are newly diagnosed with cancer.

In New York City, a study is under way to find out why young women with rectal cancer have better survival rates than do older women with rectal cancer. David Schottenfeld, M.D., and his associates at Memorial Hospital for Cancer and Allied Diseases are collaborating with investigators at the Memorial Sloan-Kettering Cancer Center, the New York State Health Department, Cornell University Medical Center, and the National Opinion Research Center to develop a sample of women 45 and older with cancer.

They plan to analyze the effects of age, socioeconomic status, and disease site on treatment choices and followup care for women with breast cancer and rectal cancer, as well as the survival differences seen for women with rectal cancer.

Hispanics are the largest ethnic minority in the Southwest and the fastest growing minority group in the United States. Hispanics are also unique-culturally, historically, and demographically. As a result, persons interested in cancer control are not certain about the best ways to reach this population—particularly its elderly members—with cancer and screening programs.

John C. Hisserich, Dr.P.H., and associates at the University of Southern California are conducting a study among 600 elderly Hispanics in six low-income, senior citizen housing projects to find the best ways to reach them. Elderly Hispanic citizens of two of the projects will receive a professional education program and citizens in two other projects will receive a professional education program plus a peer education program. The other two projects will serve as a no-intervention control group.

The investigators will look at before-and-after knowledge, attitudes, and beliefs about the efficacy of care and at before-and-after behavior regarding screening and health prevention. They will also try to identify individual, cultural, and social factors and their effects on responses to the outreach programs.

NATIONAL CENTER FOR HEALTH SERVICES RESEARCH

The National Center for Health Services Research (NCHSR) seeks to create new knowledge and better understanding of the processes by which health services are made available and how they may be provided more efficiently, more effectively, and at lower cost.

NCHSR is the primary source of Federal support for research on problems related to the quality and delivery of health services. NCHSR responds to the need for better data and information, new techniques, and innovative methods for improving health care delivery. NCHSR programs evaluate health services, assess technologies, and improve access to new scientific and technical information for research users. NCHSR's research is targeted to the needs of health care policymakers, including executive and legislative officials at Federal, State, and local levels; those who operate hospitals and other health care institutions; and individuals who are responsible for health care expenditures.

The NCHSR extramural research program provides support for investigator-initiated projects in health services research conducted at universities; nonprofit organizations in institutions, such as teaching hospitals; and by industry. The intramural research program conducts studies that have immediate as well as long-term relevance.

DIVISION OF INTRAMURAL RESEARCH

A survey has been completed which will provide information for assessing consumer interest in purchasing insurance for long-term care. This information will serve as input to the development of marketing strategies for such insurance. The survey was a self-administered questionnaire which was conducted as an add-on to the main consumer survey of some 1,500 elderly owners of private insurance policies conducted by HCFA.

A study has been completed which tested the effectivness of an incentive payment system designed to encourage more appropriate use of nursing homes, better outcomes in nursing home patients, and reductions of hospital backups. Nursing homes in San Diego, Calif., the site of the experiments, were paid bonuses for admission of "heavy care" patients, and for meeting patient care goals including discharge.

DIVISION OF EXTRAMURAL RESEARCH

Projects that received funding in Fiscal Year 1984 include:

—A research project designed to obtain insight into the perceptions of elderly patients, their physicians, and spouses regarding the quality of the patients' lives and its role in medical decisions. This will be done by gathering data through interviewer-administered questionnaires. Physicians will be sampled from community-based practices, nursing homes, a King County (Washington) HMO, and VA medical Centers in Washington and Oregon.

—An etiologic study of slip/fall incidents in hospitals by comparing an estimated population of 1,000 patients experiencing slip/falls and a random group of control patients of equal size who do not slip/fall. Data will be collected from medical records, staff and patient interviews, and neurologic exams. This study hopes by identifying risk factors of slip/fall, inventions can be designed and implemented to reduce these risks.

—An implementation and evaluation of Computer Stored Ambulatory Record (COSTAR) in a community-based long-term care program for a group of elderly patients at high risk for re-institutionalization. COSTAR will be implemented to link three neighborhood health care centers to a hospital based long-term care unit. This study hopes to produce results which will be of use in programs for long-term care of the elderly as both a model that others can emulate and build on; and as specific health care tools to enhance the provision of care.

—A study to trace and analyze the paths of care and ultimate outcomes of patients discharged from nursing homes. The outcomes of three categories of patients will be described: (1) persons discharged home, (2) persons admitted to hospitals, and (3) persons transferred to other long-term care facilities. Upon completion, the results of this study are expected to contribute significantly to long-term care development.

Projects ongoing or completed in final year 1984 with previous years' funding include:

—The preparation and dissemination of papers on iatrogenic disease in the elderly and geriatric medicine which will help identify areas of needed research and develop research guidelines to address the issue. These papers were presented at a 1-day conference held in conjunction with the annual meeting of the American Geriatrics Society in the spring of 1984. These papers should be useful to researchers, medical educators, and practitioners in the field of geriatrics.

—A study to provide an inventory of State policies relative to Federal long-term care programs and to assess the effect of these policies on availability, utilization and public cost of long-term care services; and to develop a context within which State and Federal policy choices will be examined. This study will cover various programs of the Social Security Act.

—A randomized control trial to test whether home health care is a cost-effective alternative to combinations of outpatient and hospital care was completed. Results showed that there were no differences in health levels for the three types of care provided, but the special visiting nurse intervention was more costly.

STATE AND LOCAL USER LIAISON ACTIVITIES

Meetings have been held with State and local government officials to develop a 3-day workshop dealing with long-term care which will be offered to these officials around the country. This past year, one day presentations on long-term care issues were made to the Association of Public Welfare Administrators and the Southern Medical Directors Association.

Ongoing consultation is provided to State and local officials with respect to information and data needs on aging for policy and managerial decisionmaking.

NATIONAL CENTER FOR HEALTH STATISTICS

The National Center for Health Statistics (NCHS) is the Federal Government's principal health statistics agency. NCHS data systems address the full spectrum of concerns in the health field from birth to death, including overall health status, life style and exposure to unhealthful influences, and onset and diagnosis of illness and disability, and the use of health care and rehabilitation services.

The Center maintains over a dozen surveys that collect health information through personal interviews; physical examination and laboratory testing; review of hospital, nursing home, and physician records; and other means. These data systems, and the analysis and reports that follow them, are designed to provide information useful to a variety of policy makers and researchers. NCHS frequently responds to requests for special analyses of data that have already been collected, and solicits broad input from the health community in the design and development of its surveys.

Since most of the data systems maintained by NCHS encompass all age groups in the population, a broad range of data on the aging of the population and the resulting impact on health status and the use of the health care system are produced. For example, NCHS' National Vital Statistics System has documented the continuing rise in life expectancy and provides data on trends in mortality that are essential to making population projects; surveys conducted by NCHS examine the use of health services by the elderly in various setting, including Hospitals and physicians offices; and the National Health Interview Survey (NHIS) routinely obtains information on the extent and nature of disability and impairment, limitations on functional ability, and the use of special aids. An example of data produced from the NHIS is the recent report, "American Requiring Help at Home."

In addition to NCHS surveys of the overall population that produce information of use in examining the aging of the population and the health of the aged, a number of surveys are of special interest:

1986 NATIONAL MORTALITY FOLLOWBACK SURVEY

During 1984, planning and development was ompleted for a national mortality followback survey to be conducted by the NCHS in 1986, the first such survey in 18 years. The followback survey broadens the information available on the characteristics of mortality among the population of the United States from the routine vital statistics system by making inquiry of the next of kin of a sample of decedents. In view of the fact that two-thirds of all deaths in the Nation in a year occur at age 65 or older, tentative plans for the 1986 survey provide for the study of health and social care provided to older decedents in the last year of life. This is a period of great concern for the individual, the family and community agencies, and a period of large expenditures. Agency program planning and national policy development on such questions as hospice care and home care can be enlightened by the data to be secured by the mortality of followback survey. Tentative plans also call for an inquiry aimed at providing information on the potential for greater efforts to prevent pemature death.

1985 NATIONAL NURSING HOME SURVEY

A major pretest was conducted during 1984 for the 1985 national nursing home survey (NNHS), which will provide valuable information in an area of increasing concern. The NNHS was first conducted in 1973-74 and again in 1977 in order to provide comprehensive national data on a continuing basis to meet the needs of those who set standards for, plan, provide and assess long-term care services. The NNHS is a series of nationwide sample surveys of nursing homes, their residents, and staff. The purposes of the surveys are to:

—Collect national baseline data on characteristics of the nursing home, its services, residents, and staff for all nursing homes in the Nation, regardless of whether or not they participate in Federal programs such as Medicare or Medicaid.

—Collect data on the costs incurred by the facility for providing care by the major expenditure groupings—labor, fixed, operating and miscellaneous costs.

—Collect data on certification for participation in the Medicare and Medicaid programs (such as the utilization of certified beds and the health of residents receiving program benefits) so that all data can be analyzed by certification status.

—Provide comparable data for valid trend analyses on a variety of topics (for example, the impact of legislative changes in standards and in reimbursement on the growth of facilities, and of the impact of institutionalization on the health of the aged); and

—Interrelate facility, staff, and resident data to reveal the relationships that exist between utilization, services offered, charges for care, and the cost of providing care.

For the initial survey conducted in 1973-74, the universe included only those nursing homes that provided some level of nursing care, regardless of whether or not they were participating in the Medicare or Medicaid programs. Thus, homes providing only personal or domiciliary care were excluded. Begining with the 1977 survey, the universe was expanded to include all nursing, personal care, and domiciliary care homes, regardless of their participation in Medicare or Medicaid. Homes that provide room and board only are excluded.

1984 NATIONAL HEALTH INTERVIEW SURVEY SUPPLEMENT ON AGING

The National Health Interview Survey is fielding a supplement on the elderly population of the U.S. during 1984. This supplement focuses on a wide range of health information about the elderly population, including a sociodemographic health profile of the handicapped by type of impairment. This supplement will also permit the analysis of acute and chronic conditions unique to the elderly population. Consideration is being given to conducting a longitudinal followup of individuals interviewed in this 1984 supplement, and a successful pretest of this followup was completed in 1984.

There has been increasing interest on the part of clinical and research gerontologists in the use of functional assessment in the care of the elderly. For example, the NIH Technology Assessment Conference on Evaluating the Elderly Patient showed that comprehensive assessments of functional status can be used clinically to increase appropriateness of long-term care placement, to plan and evaluate treatment, and to monitor change over time. Using data from longitudinal studies, perceived health status has been demonstrated to be a good predictor of mortality. However, there is little data on the ability of functional scales to predict future institutionalization. The investigation of the relationship between these functional scales and future institutionalization that can be made from a longitudinal study of the respondents to the "Supplement on Aging" will provide the information necessary to develop interventions which will decrease the probability of institutionalization or postpone the time at which it occurs.

The 1984 NHIS "Supplement on Aging" will provide unique baseline data which can be used to investigate the impact of current functional and health status on future institutionalization. This data base is especially suitable as a baseline for followup because it is derived from a national probability sample and because the supplement was designed to provide a multidimensional assessment of functional status. In addition to the well-known measures of activities of daily living, the functional status questions can identify less severe levels of dysfunction along any of the dimensions. This is particularly important for classifying functional status among the noninstitutionalized population and is essential for the assessment of the causes of institutionalization as well as the development of intervention strategies.

NHANES I EPIDEMIOLOGIC FOLLOWUP SURVEY

The national health and nutrition examination survey (NHANES) provides valuable information available only through direct physical examinations of a probability sample of the population. The first NHANES, called NHANES I, was conducted in the period 1971-74. The NHANES I epidemiologic followup survey, currently being conducted by NCHS, tracks and reinterviews more than 14,000 persons examined as part of the NHANES I study, focusing on those factors measured in the earlier survey and relating them to current health conditions, studying the slow-acting consequences of long-term and low-dosage exposure to a combination of environmental, dietary, social, and demographic factors. While persons examined in NHANES I were all under age 75, by 1986 we expect more than 2,000 of these individuals to be over 75, providing a valuable study group to examine the aging process. The elderly persons in this study will be interviewed once again in 1986 to further study mortality, institutionalization, and health status.

This study is being conducted by NCHS in close collaboration with the National Institute on Aging, the National Cancer Institute, and other parts of the National Institutes of Health.

STUDY OF STATISTICAL ISSUES IN POLICY ANALYSIS FOR AN AGING POPULATION

NCHS has taken a leading role in a jointly-sponsored project being conducted by the National Academy of Sciences' Committee on National Statistics to examine the adequacy of current statistics and to identify activities to increase the relevance of health statistics for policy analysis of aging issues. The study would:

—Identify health policy issues concerning the aging population over the next decade and determine whether needed data are available.

—Develop a rationale for assigning priorities for filling health data gaps and recommend economical ways of obtaining the needed data.

—Recommend actions at various decision points in statistical programs that would enhance the policy relevance of statistical products about the elderly; and

—Develop an agenda for methodological research designed to increase quantitative information useful for policy analysis.

This project is being jointly sponsored by NCHS, the Health Care Financing Administration, the National Institute on Aging, the National Institute of Mental Health, and the Veterans' Administration. A final report is expected in 1986.

NATIONAL EYE INSTITUTE

Of all visually impaired Americans, half are age 65 or older. Unfortunately, a decline in vision can curtail the activities of otherwise healthy golden agers and further limit the independence of those who already have some health problems.

The three diseases most commonly responsible for visual loss in older Americans are: glaucoma, aging-related macular degeneration, and cataract. The National Eye Institute (NEI) supports research on these and other aging-related eye diseases in hopes of improving their diagnosis, treatment and prevention and of adding decades of good visual health to the lives of older people.

In one NEI study which began patient recruitment this year, a new laser treatment for glaucoma is being evaluated. Laser surgery will be compared to the use of antiglaucoma medications in people with newly-diagnosed open-angle glaucoma. The object of this glaucoma laser trial (GLT) is to find out which method is more effective in reducing the abnormally high intraocular pressure that can damage the optic nerve and cause visual loss.

Each patient enrolled in the GLT will receive standard medication in one eye and argon laser treatment in the other eye. Their condition will be monitored by investigators for at least 3 years in an effort to compare the safety and efficacy of the two types of treatment. In addition, the investigators will analyze data from this well-defined patient population in an attempt to establish criteria for predicting which people are most likely to benefit from laser treatment.

The laser is also used to treat another eye disease of the elderly, aging-related macular degeneration, also known as senile macular degeneration. A recent NEI-supported study showed that appropriately-timed argon laser treatment can preserve vision in people with the neovascular type of this disease. Patients in the study will have followup examinations for 5 years to determine the long-term effectiveness of laser treatment. Although individuals with the neovascular form make up only 5 to 15 percent of those with aging-related macular degeneration, they are the ones in greatest danger of losing vision. Prompt laser treatment may prevent as much as 89 percent of blindness caused by neovascular macular degeneration, thus saving the precious reading vision of thousands of elderly people.

But for millions of people with other forms of aging-related macular degeneration for which the value of laser treatment has not been established, alternative means of treatment and even prevention are being sought. In a study that may benefit these people, NEI intramural researchers are evaluating a combination of medication and special sunglasses as a means of slowing or preventing the progression of this disease. It is hoped that this clinical trial will yield information about the usefulness of certain antioxidant medications in counteracting the potentially harmful effects of aging and long-term light exposure on the retina.

In addition to clinical research on aging-related disorders of the eye, the NEI is also supporting laboratory studies aimed at improving our understanding of the processes underlying these diseases. For example, investigators are studying the lens of the eye at all its stages of growth and development in an effort to obtain essential information about the biochemical events that lead to its opacification, called cataract. Research on the structure and chemistry of cataract may even bring us insights into other aging-related changes in the human eye.

Some day, thanks to laboratory research and clinical studies such as these, it may be possible to delay the onset of cataract, as well as glaucoma, and aging-related macular degeneration, all diseases once thought to be the inevitable consequences of the aging process.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Hypertension and the Elderly

High blood pressure, or hypertension, has been identified as a risk factor for cardiovascular and cerebrovascular disease. Blood pressure, the force exerted by the blood against the walls of the arteries, generally is expressed as two numbers, such as 120/70, and is measured in millimeters of mercury (mm Hg). The first, or top, number is the systolic blood pressure, indicating the force exerted when the heart beats. The second number is the diastolic which measures the pressure that remains in the arteries between heart beats.

Usually the diastolic and systolic blood pressures rise in tandem, but when the systolic alone rises this is referred to as isolated systolic hypertension. More than 3 million persons overs age 60 have a systolic blood pressure of 160 mm Hg or above with a diastolic blood pressure below 90 mm Hg on a single measurement. These persons are at high risk for stroke, other cardiovascular diseases, and a premature death. Researchers estimate that prevalence of isolated systolic hypertension rises from 8 percent for the 60 to 69 age group to approximately 20 percent for the over 80 age group.

Cardiovascular disease accounts for some 550,000 deaths a year. These diseases are the leading cause of death in the United States, and are particularly deadly for the elderly. The vast majority of deaths from cerebrovascular diseases occur in the over 70 age group. Black women are at double the risk for stroke and two to three times the risk for heart disease as white women.

The National Heart, Lung, and Blood Institute (NHLBI) and the NIA are currently near the end of a funded 5-year pilot project on isolated systolic hypertension in the elderly and are announcing a major clinical trial to be conducted in 17 medical centers across the country. Participating centers are: Albert Einstein College of Medicine, Bronx, N.Y.; Emory University, Atlanta; Kaiser Foundation Hospitals in Portland, Oreg.; Miami Heart Institute, Miami, Fla.; Northwestern University, Chicago, Ill.; the Medical Research Institute of San Francisco, Calif.; University of Medicine and Dentistry of New Jersey, New Brunswick, N.J.; University of Alabama, Birmingham; the University of California at Davis; the Pacific Health Research Institute, Honolulu, Hawaii; University of Kentucky; University of Maryland, Baltimore; University of Minnesota, Minneapolis; University of Pittsburgh, Pittsburgh, Pa.; University of Tennessee, Memphis, Tenn.; Washington University, St. Louis; Yale University, New Haven, Conn.; and the University of Texas at Houston. Each center will select 200 to 300 participants to take part in a controlled clinical trial. Recruitment will begin in March 1985. Chlorthalidone will be the primary drug studied, with alenolol and reserpine as step 2 drugs in the actively treated group. The subjects assigned to the control group will receive placebos.

The pilot study successfully recruited 551 subjects over age 60, 85 to 90 percent of whom complied with prescribed use of the medications during the first year. A very high percentage of the group receiving chlorthalidone had achieved the desired improvement in blood pressure reduction. The mean systolic blood pressure dropped 28 mm Hg by 3 months for the chlorthalidone group, versus a drop of 9 mm Hg by 3 months for the placebo group. Some side effects were experienced and in these cases medications were changed. In a small substudy, measures were made of behavioral difficulties or dementias in this older group. As a group the level of such problems was low and the majority of the participants experienced no change, yet an unexpectedly large group appeared less depressed while only 6 percent became more depressed after 1 year in the clinical trial.

Building on the knowledge gained in the pilot study, the full-scale clinical trial will assess whether long-term administration of antihypertensive therapy to elderly subjects with isolated systolic hypertension reduces the combined incidence of fatal and nonfatal stroke. Information will be gained about side effects and the effect of therapy on the quality of life of the older patient. Invaluable information on what scientists call "the natural history," or the clinical course of isolated systolic hypertension, will be gathered as well.

Exercise, Cardiovascular Health, and Aging

Scientists under NHLBI support are studying the effect of exercise on longevity, prevention of cardiovascular disease, and maintenance of physical and mental functioning. Research by Dr. J. O. Holloszy, Washington University, St. Louis, has indicated that a decrease in physical activity, a gain in weight, and aging changes in the cardiovascular system lead to a decline in the rate of maximum oxygen uptake of about 9 percent per decade after age 25 in healthy men in our society. If activity and body weight are kept constant, this decline may be kept at roughly 5 percent per decade. This does not imply that active middle-aged men have escaped age-related deterioration in function of the myocardium, skeletal muscles, or peripheral vasculature, but only that their reduced maximum heart rate is the factor limiting maximum oxygen uptake. It appears that a sedentary life style is more of a factor in deterioration than age per se. Therefore some men in their sixties and seventies are able, by means of exercise training, to maintain their maximum oxygen uptake above that of healthy inactive men in their forties and fifties.

Heat and cold pose significant problems to the elderly and Dr. Ethan Nadel of the John B. Pierce Foundation Laboratory in New Haven, Conn., is studying blood volume and venous return in conditions of heat and cold. A detailed examination will be made of changes in circulation when people are very hot or cold and under varying barometric pressures. This study should yield information on syncope, or fainting, and on adjustments to thermal strain. Patients receiving beta blockers and diuretics will be examined and these studies will yield information about the risk posed to such patients by work and heat.

Exercise appears to have a place in both preventive and therapeutic programs—such as in rehabilitation after a heart attack. Dr. Ralph S. Paffenbarger, Jr. and his associates at Harvard University, Boston, Mass., have been studying the effects of exercise on cardiovascular health. Following 16,936 Harvard graduates who entered college from 1916 to 1950 it was determined that there was a strong inverse relationship between exercise level and death from all causes, total cardiovascular disease, and total respiratory diseases. Sedentary students who began exercise later in life had as low a risk as ex-varsity alumni who had remained active. Exercise and smoking were strong opposite influences on coronary heart disease rates. The researchers noted that regular sustained exercise during at least 9 months a year may be necessary to maintain cardiovascular health.

NHLBI-funded research by Dr. Wade Martin and his associates at the Washington University School of Medicine has demonstrated the benefits of endurance training to improve work capacity and push back the point of exertion-related angina or heart pain for some patients with coronary artery disease. This then allowed more exercise, which in turn extended freedom of action, a beneficial cycle in addition to improved myocardial performance for some patients.

Dr. James M. Hagberg, working with NHLBI support at Washington University in St. Louis, Mo., has determined that 12 months of intense endurance exercise training can induce an increase in left ventricular stroke volume and in stroke work during exercise with men in their 50's with coronary artery disease. Previous studies have demonstrated that 2 to 4 months of mild-to-moderate exercise training leads to an adaptation in the autonomic nervous system and skeletal muscles that result in a slower heart rate, a lower systemic vascular resistance, and an increased capacity to extract oxygen from the blood during exercise—all desirable changes.

A review by the NHLBI Clinical Trials Branch of clinical trials employing various treatment approaches, or what is called secondary prevention, after a heart attack produced estimates that systematic, supervised exercise might reduce annual death rates by as much as 20 percent. This could have considerable social and economic benefits.

NATIONAL INSTITUTE OF ARTHRITIS, DIABETES, AND DIGESTIVE AND KIDNEY DISEASES

The National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases (NIADDK) conducts and supports many projects directly and indirectly related to diseases common in the elderly and to aging processes. Basic studies of metabolic processes through all developmental stages, including aging, are reflected in many of the Institute's programmatic areas.

Benign prostatic hyperplasia, BPH, is a disease commonly seen in the older man. It is characterized by excessive growth of the prostate gland and is associated with retention of urine and disruption of normal voiding. The morbidity and estimated medical costs, which exceed $1 billion annually, make this disease a significant national health problem.

Dr. Donald S. Coffey, Johns Hopkins University, Baltimore, Md., Dr. Leland W. Chung, University of Colorado, Dr. Gerald R. Cunha, University of California, San Francisco, and Dr. Richard Horton, USC, have contributed to the body of knowledge about this disease.

Their recent advances help to increase understanding of the biochemical, hormonal, and developmental events associated with abnormal growth of prostatic tissues, providing a rationale for experimental drugs currently under development for the nonsurgical treatment of BPH.

NIADDK also supports dermatology research related to the aging process. Dr. Gopal M. Bhatnagar, Johns Hopkins University, is studying age-associated changes in the soluble proteins of rat skin. Proteins are isolated and characterized based on biochemical and immunological criteria. These studies on skin proteins as a function of age will be important in understanding the differentiation of young and old skin and provide knowledge to the biological gerontology of the skin at the molecular level.

While studies such as these are important, the primary emphasis of Institute support in diseases of special importance to older persons is related to the major diseases osteoarthritis (degenerative joint disease) and osteoporosis.

According to the Arthritis Foundation, some 16 million Americans have osteoarthritis, the most common form of arthritis. Under age 45, the prevalence is greater in men; over age 45, it is equally prevalent in women. In osteoarthritis there is breakdown of cartilage that cushions the joints, followed by bone overgrowth at joint margins.

A canine model of osteoarthritis can be induced through surgical procedures or through the immobilization of the leg in a 90 degree angle of flexion, causing degeneration of joint cartilage. Dr. Kenneth D. Brandt, NIADDK grantee, Indiana University School of Medicine, Indianapolis, Ind., examined the effect of immobilization of the knee in flexion on the development of osteoarthritis in dogs that had undergone surgery. His studies showed that if the knee is immobilized in flexion immediately after surgery, the load resulting from contraction of the muscles that span the knee is reduced, and osteoarthritis does not develop. However, if the knee is immobilized in extension, resulting in increased muscle contraction, morphologic and biochemical changes of osteoarthritis are present in knee cartilage.

This study verifies the usefulness of this model as a means to examine the biochemical and morphological changes associated with osteoarthritis.

In another study, Dr. Brandt investigated the in vivo effect of aspirin, the most commonly used medication for osteoarthritis, on degeneration of knee cartilage in the canine model of osteoarthritis. He found that aspirin worsens the degeneration of knee cartilage caused by immobilization in a cast. In addition, dogs, which were given aspirin showed much greater articular cartilage degeneration than those which had not received aspirin. This finding may be significant because it shows that aspirin administration may have deleterious effects as well as beneficial ones in the treatment of osteoarthritis.

Osteoporosis, a progressive loss and weakening of bone, is a major medical condition affecting millions of postmenopausal women. The causes of osteoporosis are thought to be primarily deficiency of estrogen and deficiency of calcium. Other factors that may influence the disease include vitamin D and exercise.

Dr. B. Lawrence Riggs, Mayo Clinic, Rochester, Minn., and grantees Drs. J.C. Gallagher and Hector DeLuca of the University of Wisconsin, found that as little as 0.5 microgram of a vitamin D metabolite (1,25-dihydroxycholecalciferol) administered daily to postmenopausal women with osteoporosis, not only increased calcium balances but more importantly, caused an increase in trabecular bone volume and a decrease in bone fracture rate. This group also found that plasma levels of this metabolite fall after age 50, and especially in postmenopausal women. Estrogen treatment of postmenopausal women caused a 30- to 40-percent elevation in circulating levels of vitamin D metabolite and corresponding increases in calcium absorption.

To highlight the importance of this disease, NIADDK sponsored a consensus conference on osteoporosis April 2–4 this year. For additional information on the conference and other advances in osteoporosis and osteoarthritis please see this year's report on Arthritis, Rheumatic Diseases and Related Disorders.

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

AGING

As Americans age, they are increasingly prone to disorders of the nervous system and hearing. The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) is a focal point within the Federal Government for research on a broad range of neurological disorders affecting the elderly, including Alzheimer's disease, stroke, cerebrovascular disease, and hearing impairment.

ALZHEIMER'S DISEASE AND THE DEMENTIAS

Because some 20 percent of patients with the clinical diagnosis of Alzheimer's disease have been found on autopsy not to have the disorder, the need to develop better clinical diagnostic criteria has been evident. Such improved clinical criteria have now been described by The Work Group on the Diagnosis of Alzheimer's Disease—a body established by NINCDS and the Alzheimer's Disease and Related Disorders Association. The work group, chaired by Dr. Guy McKhann, a member of the NINCDS National Advisory Council, has published criteria and a guide to help investigators and physicians distinguish probable, possible, and definite Alzheimer's disease. The criteria should also provide a basis for comparative studies of Alzheimer's patients in different kinds of investigations, including therapeutic trails and evaluations of new diagnostic tests.

Dementing diseases are also being scrutinized with positron emission tomography (PET), a revolutionary brain-imaging technique whose development nationally has been a prime responsibility of the NINCDS. The Institute supports 10 national PET research centers.

PET has helped NINCDS grantee Dr. David Kuhl of UCLA find differences in the brain metabolism of normal, depressed, and demented elderly persons. His work with PET this year has shown that on the average, overall brain metabolism is normal in depressed patients; is reduced 17 percent in patients with dementia due to blood circulation problems in the brain; and is reduced 33 percent in Alzheimer's disease patients. Moreover, the most severely demented patients show the lowest overall metabolic rate.

Metabolic differences in particular brain regions were also found to follow distinct patterns in each type of patient. Studies of these distinct patterns may provide useful data on why certain mental functions are lost in Alzheimer's disease while other functions are spared. The information uncovered by Dr. Kuhl may also help to define the cause and process of this disease, and could help distinguish between those patients with Alzheimer's disease and those who suffer from other—and presently treatable—illnesses.

Because 10 to 20 percent of Alzheimer's cases are inherited, scientists are attempting to identify a gene responsible for the disease's appearance in familial cases. NINCDS grantee Dr. James Gusella of the Massachusetts General Hospital in Boston is collaborating with NINCDS intramural research scientist Dr. Ronald Polinsky in a search for a "marker"—a piece of DNA that lies close to the Alzheimer's gene and is inherited with it. This year, Dr. Polinsky obtained tissue samples from members of the largest known family with Alzheimer's disease, and he and Dr. Gusella are now testing cell cultures derived from these samples. They are using the same DNA probes that recently identified a marker for the gene that causes Huntington's disease. Since Huntington's disease and Alzheimer's disease share some similar characteristics, the scientists speculate that the markers and the genes for these disorders may lie on the same chromosome.

At The Johns Hopkins University, NINCDS grantee Dr. Donald Price has been gathering evidence to support a hypothesis that Alzheimer's disease results from damage to the brain's cholinergic system. This system of nerve cells produces enzymes that lead to the production of acetylcholine, the brain chemical important to memory and communication between nerve cells.

Dr. Price had previously shown that cholinergic nerve cells in an area of the brain called the basal forebrain degenerated in Alzheimer's disease. This year, while studying the autopsied brains of elderly demented monkeys, Dr. Price learned that nerve cell plaques—degenerating bits of nerve cells characteristic of the Alzheimer's brain but poorly understood—seem to form after numerous bump-like growths appear on nerve-cell fibers rooted in the basal forebrain. This area, he determined, is the major source of cholinergic nerve cells in the monkey. Dr. Price also discovered that the degenerating nerve cells found in the plaques originated in the basal forebrain, and that some of these nerve cells were cholinergic. This new information may shed light on the degeneration of cholinergic nerve cells and the production of plaques in human Alzheimer's disease.

Plaques are but one of several structural hallmarks of Alzheimer's disease being investigated by NINCDS grantees. Drs. Dennis Selkoe and Lawrence Duffy of Massachusetts General Hospital's McLean Hospital Division have been studying the composition of neurofibrillary tangles—pairs of nerve fibers that for some reason have adopted an unusual twisted configuration in Alzheimer's disease brains. The scientists have isolated the paired filaments and have discovered biochemical differences between these fibers and normal fibers found in healthy brain tissue. This new information may help to determine whether neurofibrillary tangles are pieces of normal fibers in a novel combination, or peices of abnormal fibers composed of an unfamiliar protein.

STROKE

Stroke, the Nation's third leading cause of death, is a major cause of disability in the elderly. Stroke occurs when the blood supply to the brain is interrupted, causing damage to nerve cells. NINCDS research on this disease, described at length in the NINCDS report on stroke, includes several studies related to the aging population.

NINCDS grantee Dr. Robert Ackerman and his colleagues at Boston's Massachusetts General Hospital have applied an experimental technology called the 133xenon cerebral blood flow system to study the brain's blood supply in healthy older individuals. This system, rather than producing an image of the brain, creates a map or chart of brain blood flow. After examining research volunteers with the new system, Dr. Ackerman found that healthy individuals show a significant decline in cerebral blood flow with advancing age. This discovery will help to sort out the disputed effects of normal aging on brain blood flow, and may allow scientists to distinguish better between normal age-related brain changes and those due to dementia or stroke.

With PET, Dr. Ackerman has also identified three stages of stroke severity: (1) Reduced blood flow with normal metabolism; (2) reduced blood flow with reversible impaired metabolism; and (3) irreversible nerve cell death. He is now working to develop improved criteria for these stages, and is exploring the prospects for treatment at each stage.

PET, 133xenon, and other technologies being employed in NINCDS-supported stroke studies should improve the investigator's ability to characterize the patient at risk for stroke, and improve treatment for those who have already suffered a stroke attack. Such successes might not only reduce the number of stroke deaths, but limit damage to the nervous system and improve the quality of life for stroke survivors.

A number of controlled clinical trials have been organized by the NINCDS to test the efficacy of both preventive and therapeutic measures for stroke. These trials are now in progress and will be reported upon as they are completed.

HEARING LOSS

Impaired hearing is often a source of distress to the elderly. At the University of Tennessee in Knoxville, NINCDS grantee Dr. Anna Nabelek has been studying the effects of sound reverberations in rooms, particularly in cavernous structures such as churches and auditoriums, on speech perception in the elderly. Dr. Nabelek has documented the extent to which background noise and a patient's own hearing loss combine to affect speech perception problems in such locations.

Cochlear (ear) implants continue to attract the interest of investigators. The University of California San Francisco's Dr. Elmer Owens, another NINCDS grantee, this year refined a test to determine the minimum auditory capabilities of elderly hearing-loss patients. Scientists can use data provided by the improved test to decide whether a patient requires a hearing aid or would benefit significantly from a cochlear implant.

With support from the NINCDS, Dr. George Gates of the University of Texas Health Science Center in San Antonio is examining auditory data obtained from a long-term health study of the residents of Framingham, Mass. Dr. Gates has found that men and women between 50 and 80 years old first experience hearing loss at those frequencies where speech recognition occurs. He has also discovered, however, that in this age range, hearing loss increases rapidly in men and more gradually in women—a phenomenon that may reflect a higher male rate of exposure to environmental noise. By the age of 80, the differences in male and female hearing loss patterns generally become indistinguishable.

LOOKING AHEAD

Advances in health care and disease prevention are expected to have a dramatic effect on the quality of life of the elderly American. During the next 40 years, the proportion of Americans over 65 will rise from 11 percent to 20 percent, and their numbers will almost double, from 26 million to more than 58 million. The result of this increase will be more persons who are likely to suffer from neurological and communicative disorders—the research areas of NINCDS's primary responsibility. NINCDS scientists and grantees are committed to solving these problems, and will continue to find ways to make the final turns in the cycle of life rich and rewarding for all older Americans.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

The National Institute of Allergy and Infectious Diseases conducts and supports research leading to better methods of preventing, diagnosing and treating allergic, immunologic and infectious diseases. The elderly are especially vulnerable to many of these conditions because the immune system becomes less efficient with aging.

Although medical science has made dramatic progress against viral diseases, completely wiping out smallpox and controlling yellow fever and polio, others, such as herpes zoster, a painful condition which primarily affects the elderly, continue to be a problem. Understanding just how viruses are able to infect cells in the first place and how they behave inside a cell may yield vital information to help prevent and treat many diseases.

Researchers have long observed that viruses can cause disease by killing or damaging cells and the tissues surrounding them. Now, Dr. Michael B.A. Oldstone and his colleagues of the Research Institute at the Scripps Clinic in La Jolla, Calif., have discovered for the first time that a virus can alter the function of a cell without damaging or killing it. Using the LCM virus, which causes a disease called lymphocytic choriomeningitis in mice, the researchers found that some virus-infected cells or tissues may look perfectly normal, but the cells no longer maintain the equilibrium needed for good health. After infection with the LCM virus, the mouse cells showed no signs of injury; however, the mice suffered retarded growth and development and defective sugar metabolism. Replicating in specialized cells, the virus disrupted endocrine functions and interfered with growth hormone production.

These studies uncover the possibility that some diseases of unknown cause that affect blood forming, endocrine or nerve cells, may be caused by a virus. This research also may lead to understanding the mechanisms responsible for other chronic diseases of man, like Alzheimer's or multiple sclerosis.

Using sophisticated virus cloning techniques, Dr. Oldstone and his colleagues also succeeded for the first time in observing the location and action of viral genes and in mapping which genes inside the LCM virus caused the disease. These unique observations of how viral genes work contributes to our understanding of the molecular basis of the cause of disease and is an important step toward the control of human disease.

Although improvements in the design and use of urinary catheters have decreased the rate of urinary tract infections during the last decade, they are still the most common hospital-related infection, affecting more than 400,000 patients per year. Most are related to indwelling bladder catheters, which are used by 10 to 15 percent of hospital patients, a large proportion of them elderly.

Dr. John P. Burke and his colleagues at the LDS Hospital and University of Utah School of Medicine in Salt Lake City, are looking for the causes of these infections in hospitalized patients who receive a urinary catheter. They are studying ways to prevent bacteria from migrating to the bladder from the drainage bag or to remove bacteria already in the bladder before it causes serious infection.

In one experiment, a group of catheterized patients received daily antibiotic treatment around the opening of the urethra. Preliminary results show some reduction in the rate of infection in these patients, especially in women over 50. The researchers are continuing to study the value of this treatment, as well as its cost effectiveness, and to look for other more effective ways of preventing these infections.

Influenza is another condition which can be particularly dangerous for the elderly. Over 60 percent of influenze deaths occur among persons aged 65 years or older, most of whom have chronic underlying conditions. Under contract to NIAID, Dr. Robert Couch and his colleagues at the Influenze Research Center, Baylor College of Medicine, are evaluating various methods of preventing or treating this disease.

The scientists are testing the safety and efficacy of live attenuated (weakened) vaccines compared with conventional inactivated influenze vaccines to see if they will prove better and longer lasting. They found that both inactivated and live vaccines gave good and equivalent protection against influenza and that reports of mild respiratory symptoms from each vaccine were almost identical. The investigators conclude that live attenuated vaccine is safe for healthy young adults and now can be tested in older individuals.

Vaccine administration can be complex because several types of viruses may be causing illness during the influenza season and the viruses often change their molecular structure over time. Because scientists cannot predict which viruses will be epidemic in any given winter, conventional inactivated virus vaccines contain three different components, two A viruses and a B virus. To test the safety of combined live vaccines, Dr. Couch and his colleagues administered live vaccines containing one type of virus to some volunteers while others received a bivalent vaccine effective against two types of virus. Volunteers were vaccinated on two occasions, four weeks apart. Only occasional mild upper respiratory symptoms occurred with the first doses of either vaccine. These studies suggest that bivalent attenuated virus vaccines are also safe.

Although annual influenza vaccinations are recommended for persons over 64 years old and those with chronic diseases which increase their risk for severe infection, most studies have analyzed the protective effect of these vaccines over one or two seasons. Dr. Couch and his colleagues are studying the efficacy of annual vaccinations over several years. Involving over 700 volunteers, the study is now in its third year.

CENTERS FOR DISEASE CONTROL

In working to prevent disease, disability, and premature death and improve the quality of life, the Centers for Disease Control (CDC) carries out a number of activities benefiting older Americans.

CDC's efforts to combat influenza are of special importance to the elderly. The persons primarily affected by influenza are the chronically ill and the elderly. The risk of death from pneumonia is 2.5 times higher for those aged 65 to 74 and 10 times higher for those 75 to 84 than for the population as a whole. CDC's Immunication Practices Advisory Committee has published more aggressive recommendations regarding adult immunizations for influenza, pneumococcus, and other vaccines appropriate for adults. CDC is working with other parts of the Public Health Service, the Health Care Financing Administration, and the American College of Physicians to develop strategies for immunizing high risk populations, particularly the elderly. CDC will convene a meeting and collaborate with States and key professional groups to discuss development of a coordinated public and professional educational plan focused on increasing adult immunizations particularly among the elderly and chronically ill. CDC is developing educational materials to disseminate current influenza recommendations to medical and nursing staff working in nursing homes and to provide information on conducting influenza vaccination programs.

While persons 65 years and over constitute about 11 percent of the U.S. population, they account for about 45 percent of all unintentional home injury deaths. Over half of all fatal falls involve persons 75 years of age or older. In collaboration with the Administration on Aging and the National Institute on Aging, CDC provides technical assistance for community-based demonstration programs for preventing injuries. The program involves comprehensive communitywide outreach, identification of risk factors and persons at high risk of injury, and development of interventions to make the environment safer. CDC has developed instructional materials for managers of local and State injury prevention programs, including flowcharts depicting taks to be performed in developing and implementing State programs and a manual describing how to manage a local injury control program. To help educate and sensitize public health officials and administrators to the types of injuries the elderly are experiencing, and various ways to reduce the number of these injuries, CDC developed an annotated bibliography on preventing injuries among older adults. This bibliography, which is scheduled to be distributed in late 1984, provides an overview of the magnitude of injuries among older adults and the types of health education methods and programs being conducted to reduce them.

Since the complications of diabetes (blindness, renal failure, amputations, and cardiovascular disease) are major causes of death and disability among the elderly, epidemiologic studies and demonstrations are being conducted through the CDC diabetes control programs to identify risk factors and points along the causal pathways amenable to intervention. Further study of hypertension, blood glucose control, self-care, and periodic screening for complications will improve the scientific foundation for reducing morbidity. There will be increased program emphasis on the prevention of blindness among diabetics during fiscal year 1985.

Evaluation of the nutritional status and assessment of the consequences of lifelong nutritional habits on health are important issues for the elderly. In recent years, CDC has been improving its nutritional status surveillance systems. CDC's Behavioral Risk Factor Surveillance, accomplishied through telephone surveys using random digit dialing, enables States for the first time to assess prevalence of risk-taking behaviors in both the general adult population and the elderly. It also provides States with a unique capability for defining overall health risk for setting program priorities, and for identifying special needs of target populations, such as the elderly.

DIVISION OF RESEARCH RESOURCES

The Animal Resources Program of the NIH Division of Research Resources helps provide high quality healthy animals and specialized animal research facilities, some of which are used for studies on the processes of aging. Among these resources are seven regional primate research centers and their field stations.

Rhesus monkeys provide Dr. Donald Dierschke and his colleagues at the Wisconsin Regional Primate Research Center (PRC) in Madison with an animal model for the symptoms and biochemical changes associated with menopause in women. Rhesus monkeys, like women, have a 28-day menstrual cycle and a gradual onset of menopause. Because the rhesus and human reproductive systems are strikingly similar, these researchers believe that pinpointing the causes of vasomotor changes, hormonal changes, and bone deterioration in a colony of mature female monkeys may lead to more effective ways of easing the discomforts and disorders of menopausal women.

The PRC research team has been working with a rhesus (*Macaca mulatta*) colony for 7 years and have studied over 2,000 menstrual cycles in 42 female monkeys ranging from 14 to 28 years of age—the equivalent of 30 to more than 50 years in humans. Dr. Dierschke's research group found below-normal levels of the female hormones estrogen and progesterone in monkeys above age 25. They have also identified symptoms similar to the vasomotor changes experienced by menopausal women by attaching temperature sensors to the earlobes of the animal. Other scientists have compared the bone structure of the older animals to yonger monkeys at the primate center and have found a greater incidence of osteporosis in the older female animals.

To identify the elements of the reproductive system responsible for the changes associated with menopause, Dr. Dierschke and his colleagues plan to use the animal models in the PRC to investigate the endocrine regulation system that links the hypothalamus, pituitary gland, and ovaries.

Aging is also being studied extensively at General Clinical Research Centers (GCRC's). The NIH Division of Research Resources supports 75 GCRC's in major U.S. medical centers. Each year, scientists conduct more than 3,000 research studies in GCRC's, with more than 80 percent of the extramural inpatient research funded by NIH taking place in these centers. In addition, extensive outpatient research is also carried on.

Elderly persons often show an increased sensitivity to certain drugs. Dr. David J. Greenblatt's research group at Tufts University School of Medicine and New England Medical Center, Boston, Mass., believe that this phenomenon may be explained by a reduced capacity of elderly persons to metabolize or excrete administered medication. In a GCRC-supported study to evaluate age-related changes in the capacity to metabolize medication, Dr. Greenblatt and his colleagues used as model compounds two analgesics with different structures. One of these compounds, acetaminophen, is metabolized in the liver by a process called conjugation, in which the drug is coupled to another molecule, facilitating its excretion. Sensitivity to this drug is influenced little by age or sex. Another analgesic, antipyrine, is degraded by a different pathway, oxidation. This process is significantly impaired in old age, but age-related changes are far greater in men than in women.

Dr. Greenblatt says that these analgesic drugs have proved to be very valuable as model compounds for drug-metabolizing capacity in old age, since the characteristics of their metabolism in a given subject are consistent with that person's ability to handle other drugs metabolized by the same process.

A good predictive test for Alzheimer's disease has been identified by researchers at the Albert Einstein College of Medicine GCRC in New York City. The test, which was administered at the center to elderly patients who had no evidence of dementia, consists of 28 questions that test basic memory patterns. Of those who made no errors on the test, less than 2 percent developed overt signs of dementia within 1 year, while 20 percent of those who made 4 to 8 errors developed dementia within 1 year. According to researchers, the questionnaire is the only psychological test that has been correlated with a quantitative estimate of the gray matter plaques usually associated with Alzheimer's disease.

The easily administered test, called the "Blessed Mental Status Score," was named after its developer Dr. A. Blessed. Some questions call for basic specific information on the life of each patient, such as the patient's place of birth. Other questions sample the patient's knowledge of history, such as the dates of the start and end of World War II. The patient's awareness of time and place are also assessed by asking about the current date and the city in which they currently reside.

OFFICE OF COMMUNITY SERVICES

The Community Services Block Grant (CSBG) and The Elderly

The Community Services Block Grant Act (subtitle B, Public Law 97-35) authorizes the Office of Community Services (OCS) in the Department of Health and Human Services, to make grants to States and Indian tribes or tribal organizations. The States and tribes have the authority and the flexibility to make decisions about the kinds of local projects to be supported by the State or tribe, using CSBG funds. The purposes of the CSBG program are:

"(A) To provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem.

"(B) To provide activities designed to assist low-income participants *including the elderly poor*—(i) to secure and retain meaningful employment; (ii) to attain an adequate education; (iii) to make better use of available income; (iv) to obtain and maintain adequate housing and a suitable living environment; (v) to obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including the need for health services, nutritious food, housing, and employment-related assistance; (vi) to remove obstacles and solve problems which block the achievement of self-sufficiency; (vii) to achieve greater participation in the affairs of the community; and (viii) to make more effective use of other programs related to the purposes of this subtitle.

"(C) To provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor.

"(D) To coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low income individuals; and

"(E) To encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community;" (Ref. Sec. 675 (c)(1) of Public Law 97-35).

It should be noted that although there is a specific reference to "elderly poor" in (B) above, there is no requirement that the States or tribes place special emphasis on the elderly or set aside funds to be specifically targeted on the elderly. Neither the statute nor implementing regulations include a requirement that grant recipients report on the kinds of activities paid for from CSBG funds or the types of indigent clients served. Hence, it is not possible for OCS to provide complete information on the amount of CSBG funds spent on the elderly, or the numbers of elderly persons served.

It is estimated that 15 percent of poor people are 65 years of age or older. CSBG grantees believe that considerably more than 15 percent (or $51,300,000) of CSBG funds in fiscal year 1983 benefitted the elderly.

Some information on the degree to which the CSBG serves the elderly is available from the results of a *voluntary* data collection survey that was undertaken in January 1984 by the National Governors Association (NGA) under a grant from OCS. In the first report on the survey submitted to OCS by the NGA on May 22, 1984, fiscal year 1983 figures were given for CSBG expenditures in 34 States for seven program categories (employment, education, housing, better use of available income, emergency assistance, nutrition and linkage with other programs). There was no breakdown for projects or services for the elderly.

On November 9, 1984, NGA submitted an additional report on 13 States. Survey forms submitted by eight of the States included a subcategory called "elderly projects" but neither the totals for these projects nor the individual figures for the eight States were included in the report. Although NGA has promised to deliver this information in the very near future, it will not be very useful, since the subcategory "elderly projects" (a subcategory of one of the seven major categories) covers activities for the elderly which can't be fitted under one of the major categories. Thus, an education project exclusively for the elderly would not be reported under "elderly projects" but under the more general category of "education."

Of the 13 States covered in the NGA's latest report, a detailed breakdown of expenditures for five of these States was submtted. Four of the states included expenditures for the elderly, but again, the figures do not reflect services provided for the elderly under other categories. With this caveat, the figures are as follows:

WISCONSIN

The Wisconsin CSBG director states that a very conservative guess as to the amount of money that *actually* benefited the elderly would be at least 15 percent or $630,000. Under a category called "use of other programs," Wisconsin reported that $125,600 or 10 percent of the total available for this category went for services to the elderly, who represented 8 percent of the population served. Under the category "prevention of starvation/malnutrition," $17,877 or 5 percent spent on the elderly. Three percent of Wisconsin's fiscal year 1983 CSBG allocation of $4,232,000 went for projects identified as "elderly projects."

NORTH CAROLINA

Under the category "direct services to prevent starvation/malnutrition," 80 percent of the people served were elderly visiting congregate feeding sites or receiving home delivered meals. 30 percent of the persons served under the category "information and referrals" were senior citizens.

OHIO

It is estimated that at least $2 million of Ohio's CSBG allocation reached elderly persons served in all program categories. Of this amount, $638,000 was spent for elderly projects specifically identified as such. The following is a breakdown of these expenditures:

Activity	Amount	Persons assisted
Senior employment services	$17,509	459
Training for seniors	23,560	10,022
Medical services for seniors	7,669	126
Consumer education for seniors	39,132	16,640
Brokerage services for seniors	47,379	330
Housing assistance for elderly	9,556	20,147
Transportation for seniors	124,637	12,717
Nutrition/meals for seniors	369,231	57,009

OKLAHOMA

In the case of Oklahoma, $59,684 was used to serve 41,600 elderly persons specifically identified as such. This represents around 1 percent of Oklahoma's allocation of $4,395,368—which undercounts the actual CSBG resources applied to the problems of the elderly.

With respect to the discretionary portion ($31 million) of the fiscal year 1983 appropriation for the CSBG, of some 70 grants awarded, three specifically mentioned the elderly as beneficiaries: (1) a $936,000 award to the Dickinson-Iron Community Action Agency in Iron River, Mich. to provide 25,000 poor, elderly, handicapped, and other residents of the Upper Peninsula of Michigan with relatively inexpensive alternate heating fuel; (2) a $45,000 grant to Upper Des Moines Opportunity in Emmetsburg, Iowa for housing assistance to rural low-income *particularly elderly* families in the areas of repair, rental housing and home purchase loan referrals; and (3) a $4,397,000 award to Project Hope headquartered in Millwood, Va., for health programs in the Southwest border States with emphasis in two States—California and Arizona—on geriatric health.

OFFICE OF INSPECTOR GENERAL

INTRODUCTION

The mission of the Inspector General (IG) is to prevent and detect fraud and abuse in Department of Health and Human Services (HHS) programs and to promote efficiency and economy in its operations. It is the Inspector General's responsibility to report to the Secretary and to the Congress any deficiencies or problems relating to HHS programs and to recommend corrective actions.

The HHS Inspector General's office is the first statutorily enacted office of its kind. It was created by Public Law 94-505 enacted October 15, 1976, and was the result of a congressional initiative inspired in part by disclosures of fraud, abuse, or waste in Federal/State medical and welfare programs. The law places equal emphasis on the Inspector General's obligation to prevent or detect wrongdoing and his obligation to make recommendations for program improvements in HHS.

A basic philosophy of the Office of Inspector General (OIG) is to work in a coordinative and cooperative way with other Departmental offices to accomplish its mission, except when such a relationship would compromise OIG independence. Close working relationships have been established with the Health Care Financing Administration (HCFA), the Social Security Administration (SSA), and other major components of the Department in order to maximize resources devoted to common problems.

ORGANIZATION

The Inspector General's office is organized into five major divisions: Audit, Investigation, Health Financing Integrity, Program Inspections, and the Immediate Office.

The OIG Office of Audit (OA) prepares or reviews about 5,000 audits annually which cover all aspects of HHS operations.

The Office of Investigations (OI), headed by an Assistant Inspector General, is responsible for reviewing and investigating all allegations of a potentially criminal nature, which involve HHS programs or activities.

A subdivision of the Office of Investigations is the State Medicaid fraud control unit program (SMFCU). Its responsibilities include working with the States to improve the detection and elimination of fraud against HHS programs; emphasizing the importance of developing and conducting an in-house audit/investigation training program in cooperation with other SMFCU's, and overall coordination of the program.

The Office of Program Inspection (OPI) directs a small staff of senior analysts who conduct specialized program and management analyses covering all programs of HHS.

The Office of Health Financing Integrity (OHFI) is devoted to carrying out a variety of audit and inspection activities intended to detect and resolve issues of fraud, abuse and mismanagement within the Medicare and Medicaid programs.

The Immediate Office of the Inspector General is responsible for setting OIG policy and direction; implementing that policy, and overseeing the Public Affairs/Congressional Liaison Office and the Administrative Division.

ACTIVITIES

OIG presently has a number of projects underway or completed which have an impact on the aged. These projects include:

OFFICE OF INVESTIGATIONS

The Office of Investigations is currently operating several projects in addition to its regular caseload designed to detect and prevent fraud in the Social Security and Medicare programs. Such protection activities maintain the integrity of the trust funds supporting these programs. Activities such as Project Spectre prevent retirement, survivors and disability insurance (RSDI) benefits from being sent to deceased persons and converted by relatives to their personal use, thus draining the trust fund. Permanent detection screens and processes have been developed during these projects which will save the trust funds the cost of potentially lost benefits as well as the cost of investigating and detecting such losses. Pursuit of unscrupulous medical providers not only protects the trust fund but also targets those who abuse both the Medicare system and elderly patients by subjecting them to unnecessary, painful or even dangerous treatement. Full integration of the Social Security Field Integrity and HCFA's Office of Program Validation staffs into the OIG has brought valuable expertise and other resources to bear on such problems of fraud, waste, and abuse in the Social Security and Medicare programs.

OFFICE OF AUDIT

The Office of Audit (OA) has made record strides in carrying out the Inspector General's redirection of resources into reviewing the programs most susceptible to fraud, waste, and abuse.

Substantial resources have been redirected from audits of colleges, universities, and State-administered programs to two of the Department's most vulnerable and costly activities—Social Security and health. Both of these activities have a major impact on the elderly.

Audit scopes switched from being primarily financial/compliance to a concentrated programmed effort of: (1) seeking ways to improve fiscal controls in the benefit payments process in trust fund financial management and accounting operations, (2) looking for more efficient and economical administration of programs, procurement and delivery of services, and (3) ferreting out fraud, waste, and abuse through the use of sophisticated computer applications.

During fiscal year 1984, OA issued 3,017 reports recommending financial adjustments of $192 million. Of even more significance, Department managers agreed to take action on audit recommendations containing cost saving features totaling $3.2 billion. These actions, some of which will be carried out over the next 5-year period, will result in preventing improper expenditures of funds in the future and improving agencies systems and operations, thereby avoiding unnecessary expenditures.

Following are examples of current reviews containing significant cost savings recommendations which directly or indirectly would have, if implemented, a substantial impact on the elderly:

—Applying the "multile visit" concept to physician visits to patients in skilled nursing facilities and hospitals could save the Medicare trust fund an estimated $1.3 billion over a 5-year period. This concept, which now applies only to visits to patients in intermediate care facilities, reduces reimbursement when more than one patient is seen during a single visit to an institution. We are recommending that HCFA include our proposal in its current studies of physician reimbursement under Medicare part B.

—Shifting elective surgeries from inpatient facilities to less costly outpatient settings whenever it is safe and feasible could reduce State and Federal Medicaid costs by $1 billion over a 5-year period. We are recommending that HCFA encourage States to maximize this concept and provide States the necessary guidance on how to develop effective ambulatory surgery delivery systems.

—Removing disincentives to expanded use of electronic processing of Medicare and Medicaid claims could save these programs a total of $125 million annually. Recommendations call for HCFA to more actively promote use of electronic claims processing techniques (and the continued movement away from "hard copy" claims processing) and consider changing those program policies that may be acting as disincentives to their use.

—Applying Medicare cost limits by type of home health agency service provided rather than to a home health agency's total cost (the current HCFA reimbursment practice) would be a more accurate measure of efficiency—and could save Medicare $35 million annually. We are recommending that HCFA revise its regulations accordingly.

OFFICE OF HEALTH FINANCING INTEGRITY

The Office of Health Financing Integrity (OHFI) provides leadership, policy, direction, coordination, and management to the efforts of the OIG to minimize the opportunity for fraud, abuse, and waste in health care financing programs. Staff time is spent between investigating instances of suspect health provider fraud and inspections. A large volume of OHFI's caseload requires recommendations to HCFA and the Secretary so that civil money penalties, sanctions and/or overpayments can be established.

Inspections are conducted in a variety of ways and for a variety of purposes. However, the overall intended purpose of inspections is to ensure that the Medicare and Medicaid programs are operating with maximum efficiency and in such a way as to detect willful wrongdoing on the part of the health provider community.

The OIG conducts inspections and studies of health program operations and regulations to identify systemic problems so as to minimize the possibility of fraud, abuse, and waste. The major findings of OHFI's activities were:

—$35 million saved by Medicare eliminating participation in collection agency fees where the agency refuses to accept Medicare accounts or where legal title is transferred.

—$20 million will be saved by Medicare tightening enforcement of their guidelines on routine toe-nail trimming.

—$12 million could be saved by medicare assuring that the third party liability regulations are being properly enforced for the end stage renal disease program and automobile liability policies.

—$4 million will be saved by ensuring that services related to black lung illnesses are billed to that program in lieu of Medicare.

One of the most effective measures available to the OIG in the war on fraud and abuse is to sanction providers and practitioners by removing them from the program(s). In addition to eliminating them from the program(s), it acts as a deterrant to other members of the health care community. There were 327 providers and practitioners sanctioned during fiscal year 1984, and over 75 percent of these were for periods of 3 years or more. Some of the more significant sanctions were:

—The highest paid Medicare provider in New York was excluded under section 1862(d)(1)(C) of the Social Security Act due to his longstanding and consistent pattern of overutilization of services and poor quality of care. This physician had received over $1 million from Medicaid during 1983.

—An opthalmologist was barred from participation in Medicare and Medicaid for 25 years due to his conviction for filing false information. The investigation in this case uncovered the fact that he performed unnecessary and contraindicated surgeries on Medicaid recipients for financial gain.

—A medical center administrator was removed from participation in the program for 15 years because of his conviction for forgery of physicians' signatures on prescription forms.

—A psychiatrist was suspended for 10 years because he billed for psychiatric services which were not provided.

Another activity the IG carries out on a regular basis is the review of individual Medicare/Medicaid cases. For this period, the review identified over $33.5 million in cost avoidances and $31.7 million in overpayments for the programs.

OFFICE OF PROGRAM INSPECTIONS

The Office of Program Inspection (OPI) has an organizational focus on prevention and a conscious strategy to identify the generic causes of fraud, abuse, and waste in major agency programs. In order to meet its objectives, OPI performs its work in a variety of ways. Specifically, OPI conducts analyses and inspections to identify vulnerabilities of HHS programs; leads and coordinates interagency projects sponsored by the President's Council on Integrity and Efficiency; reviews and comments on legislative and regulatory proposals to ensure that they contain adequate safeguards against fraud, waste and abuse; analyses investigative reports to determine if and what kind of corrective action proposals are needed to strengthen internal controls or operating procedures; and promotes deterrence of fraud, waste and abuse by actively promulgating findings.

In fiscal year 1984, OPI completed 19 major reviews of departmental programs. Over $251 million in savings were identified and agreed to by Departmental managers. Our emphasis was on programs relating to the Social Security system and children's programs

Two of our current projects deal with the Older Americans Act. The first will identify administrative type activities provided at the Area Agency on Aging level using Title III Older Americans Act service funds which are in excess of the statutory 8.5 percent cap for administration, and determine if these costs can be reduced. The second will examine gerontology training to find out if it results in improved programs and is responsive to the needs of the elderly.

OFFICE OF THE GENERAL COUNSEL

As so many of the Department's programs affect the health and welfare of older Americans, much of the work of the Office of the General Counsel is focused on issues of great importance to the elderly. Our representation of the Department in Federal and State courts is perhaps the office's most prominent contribution to the growth and development of aging policy. The litigation brought against the Department frequently involves challenges to the policies and procedures established to carry out legislative initiatives on behalf of older Americans. Such lawsuits probe the substance and administration of programs for the elderly. In representing the Department in court, the Office of the General Counsel strives to protect the integrity of the administrative process, to safeguard fundamental principles of the separation of governmental powers, and to uphold the validity of legislation enacted by Congress. The most significant developments to emerge from our work in the past year are summarized below.

Heckler v. *Ringer*

The Supreme Court, in an important ruling on the relationship between Federal court jurisdiction and the administrative process, held that a Medicare claimant must exhaust all administrative remedies before seeking judicial review under a general and frequently invoked basis of federal court jurisdiction. In *Heckler* v. *Ringer,* the court, by a 6–3 margin, rules that the Social Security Act precluded general Federal-question jurisdiction over Medicare claims unless and until the claimant has resorted to the administrative procedures governing claims determinations. At issue in the case was a decision by the Health Care Financing Administration to deny Medicare coverage of a medical procedure known as a bilateral carotid body resection. The procedure is intended to relieve the symptoms of certain pulmonary diseases such as emphysema. A task force at the National Institutes of Health, however, had reviewed the procedure and concluded that it lacked general acceptance in the medical community. The Health Care Financing Administration therefore issued an instruction prohibiting administrative awards of payment for any such surgical procedure performed after October 28, 1980.

One of the plaintiffs sought to obtain judicial review of this instruction without first undergoing surgery, submitting a claim for benefits, and seeking Medicare coverage through the administrative process. While the court noted that some of these steps could be waived in order to allow earlier assumption of federal court jurisdiction, the submission to the Department of a concrete claim for benefits is an absolute prerequisite to judicial review. The court therefore held that plaintiff's complaint was properly dismissed by the lower court for lack of jurisdiction. In so holding, the court observed that speedier access to judicial review might be desirable in some instances, but concluded that "Congress must have felt that cases of individual hardship resulting from delays in the administrative process had to be balanced against the potential for overly casual or premature judicial intervention in an administrative system that processes literally millions of claims every year."

Heckler v. *David*

A Medicare beneficiary is entitled to notice of a decision affecting his or her claim for benefits at each stage of the administrative decisionmaking process. In *Heckler* v. *David,* a class of New York Medicare beneficiaries asserted that some of these notices are unclear and must be redrafted in plain and simple language. Plaintiffs challenged the validity of the notice used at the reconsideration stage of the administrative process. A "reconsideration" of a claim involves an on-paper review of the initial administrative decision and is generally performed by private insurance carriers under contract with the Federal Government. After this level of review is completed, the claimant is notified of the results of the reconsideration and of any remaining rights to appeal the decision. Plaintiffs asserted that these notices were written in obscure and overly technical language and therefore failed to provided beneficiaries with consitutionally adequate notice of the reconsideration decision. In a strongly worded opinion, the United States District Judge agreed and ordered the Department of redraft the notice in a readily comprehensible, easy-to-read language.

Subsequent developments, however, have obviated the need for court-ordered revisions in the form and content of the reconsideration notice. The Department, in response to concerns raised by plaintiffs and advocacy groups for the elderly, had begun to improve the readability of various benefit notices before the court in *David* had even reached a decision. Plaintiffs have been given the opportunity to comment on these revisions and have suggested several additional modifications that are now under consideration. In light of this dialog with the plaintiffs, lawyers for the Department have asked the court to vacate its judgment on the grounds that the revised notices grant the plaintiffs the relief they requested in their lawsuit. A hearing on the motion has been suspended while negotiations between plaintiffs and the Department continue.

Action Alliance of Senior Citizens of Greater Philadelphia v. *Heckler*

In *Action Alliance of Senior Citizens of Greater Philadelphia* v. *Heckler*, several organizations representing the interests of senior citizens challenged in court HHS' discharge of its responsibilities under the Age Discrimination Act ("ADA"). The ADA generally prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. Congress has given HHS a key role in carrying out this prohibition of age discrimination. Plaintiffs, however, contend that HHS has not properly performed its statutorily mandated duties.

HHS, as directed by statute, has published general, Governmentwide regulations interpreting the ADA's provisions and outlining the responsibilities the ADA imposes on federal agencies and departments. The ADA also requires HHS and most other federal agencies to develop additional, agency-specific regulations for implementing and enforcing nondiscrimination provisions. These agency-specific regulations must conform to general, Governmentwide regulations and may not be published without review and approval by the Secretary of HHS. In *Action Alliance*, the plaintiffs challenged several aspects of these agency-specific regulations. First, they asserted that HHS' own specific regulations were improperly published and failed to comply with the general, Governmentwide regulations. Specifically, plaintiffs stated that the regulations immunized other HHS regulations from appropriate scrutiny under the ADA standards, deleted requirements that each recipient of Federal funds identify and justify age distinctions, and weakened each recipient's duty to supply the Federal Government with information on compliance with the ADA. Second, plaintiffs contended that HHS had unreasonably delayed its review and approval of the specific ADA regulations developed by other agencies. At the time plaintiffs filed suit, a number of these agency-specific regulations were still under review.

The lawsuit has been largely resolved by court order and HHS actions. On March 19, 1984, the court dismissed the plaintiffs' challenge to the HHS' own agency-specific regulations. Plaintiffs, the court reasoned, were unable to articulate any particularized harm flowing from HHS' regulations. The court therefore invoked clearly established jurisprudential principles and held that plaintiffs could not maintain this aspect of the lawsuit in the absence of an "injury in fact." On July 13, 1984, HHS advised 17 agencies that their ADA agency-specific regulations were conditionally or finally approved. The remaining issues in the *Action Alliance* lawsuit were thus rendered moot and HHS has recently asked the court to dismiss all further proceedings in the case.

Heckler v. *Day*

The Supreme Court, in a 6-3 decision, held that the courts lack the authority to impose mandatory deadlines on the administrative adjudication of disability claims. In *Heckler* v. *Day*, a class of individuals claiming disability benefits under Title II of the Social Security Act filed a lawsuit seeking judicially imposed deadlines on completion of several steps in the administrative decisionmaking process. Plaintiffs argued that the delays they had experienced in this process violated their statutory right to a hearing within a reasonable time on unfavorable disability determinations. The lower court, while observing that the Department processes some disability claims with "commendable dispatch," noted that there were also unexplained delays in the decisionmaking. The court issued an injunction ordering the Department to complete certain stages of the administrative process within fixed periods of time and to pay interim benefits in any case where these deadlines expire before a determination is made. The Supreme Court considered the lower court's power to impose such deadlines and concluded that, in light of repeated and express congressional rejection of proposals to impose mandatory deadlines on administrative adjudication of disability claims, the lower court had overstepped its authority. The Supreme Court therefore held that the deadlines were an unwarranted judicial intrusion into a pervasively regulated area and ordered the lower court's injunction dissolved.

ITEM 7. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

December 6, 1984.

Dear Mr. Chairman: Thank you for your letter of October 17, 1984, requesting the U.S. Department of Housing and Urban Development to prepare an annual report on its activities effecting the elderly. I am pleased to provide the Department's report to your committee.

The Department is committed to doing all we can to ease the golden years of those who have given so much to America. We are proud of our record of action on elderly issues and will continue to work with you on Department initiatives.

Very sincerely yours,

Samuel R. Pierce, Jr., *Secretary.*

Enclosure.

1984 Annual Report to the Senate Special Committee on Aging

INTRODUCTION

The Department of Housing and Urban Development's (HUD) efforts to serve the elderly are characterized by our concern to maintain and focus housing and services while achieving necessary budget savings. Under the leadership of Secretary Samuel R. Pierce, Jr., HUD has acted to assert administrative responsiveness and direction to insure housing production, to provide opportunities for necessary auxiliary services, to assist the elderly it serves, and to pursue extensive research aimed at improving the quality of life of aging Americans.

The coordination of services for the aging has been given a high priority by being located in the Office of the Secretary, under the direct supervision of the Deputy Under Secretary for Intergovernmental Relations. Programs of direct loans and loan guarantees to provide adequate production of housing for the elderly are being maintained, and various offices of HUD are exploring methods of servicing the elderly we house. HUD also encourages the use of community development funds to assist the elderly.

The Department has entered the current period of Federal fiscal restraint confident that programs for the elderly will provide the flexibility and level of support necessary to meet the housing needs of the elderly in the 1980's.

I. INTERGOVERNMENTAL RELATIONS

In March 1981, Secretary Pierce established the Office of the Deputy Under Secretary for Intergovernmental Relations as a new office within the Office of the Secretary. The Office's responsibilities, as they relate to the elderly, include maintaining contact with public interest groups representing the elderly and responding to their concerns about departmental programs; working with other Federal agencies, the White House, and HUD program offices to insure specific attention to the elderly population's concerns; and handling casework problems involving the elderly. The office works closely with the Federal Council on Aging and the Administration on Aging in order to better coordinate elderly housing initiatives. In January 1985, the Office of Intergovernmental Relations will sponsor a home equity conversion conference to bring the public and private sectors together to assist those elderly who are "house rich and cash poor."

II. HOUSING

A. Section 202—Direct Loans for Housing for the Elderly or Handicapped

While HUD continues to rely on existing housing in its assistance programs, the Administration recognizes the special needs of the elderly. Therefore, HUD has continued to support the section 202 program. This program was first enacted as part of the Housing Act of 1959 to provide direct Federal long-term loans for the construction of housing for the elderly or handicapped. The program was intended to serve elderly persons whose income was above public housing eligibility levels but still insufficient to obtain adequate housing on the private market. The section 202 program was amended by the Housing and Community Development Act of 1974 to change the method of determining the interest rate (which had been set at 3 percent statutory maximum in 1965) and to permit the use of section 8 housing assistance payments for projects constructed or substantially rehabilitated under the program. In fiscal year 1984, the interest rate was 9¼ percent. It will continue at that level for fiscal year 1985.

Because of the Department's outreach efforts to help minority Americans, minority sponsors received almost 18 percent of the section 202 awards for more than 24 percent of the units to be built in 1984.

Since reactivation of the program in 1974 through fiscal year 1984, almost $6 billion has been reserved, representing 2,852 projects and 161,094 units. For fiscal year 1984, 401 projects with 14,024 units received fund reservations. Approximately $600 million (estimated to finance the development of 12,000 units) will be available for fund reservation in fiscal year 1985.

B. Section 231—Mortgage Insurance for Elderly Housing

Section 231 of the National Housing Act, as amended, authorizes HUD to insure lenders against losses on mortgages used for construction or rehabilitiation of rental accommodations for older persons (aged 62 years or older, married or single). Section 231 is HUD's principle program designed solely for unsubsidized rental housing for the elderly. Nonprofit as well as profit-motivated sponsors are eligible under the program. Section 231 also permits the construction of congregate housing projects. At the end of fiscal year 1984, 495 projects were insured under the section 231 program providing 65,900 units for the elderly.

C. Sections 221(d) (3) and (4)—Mortgage Insurance Programs for Multifamily Housing

While these programs are not specifically for the elderly, they are available to nonprofit and profit-motivated mortgagors as alternatives to the section 231 program. Sections 221(d)(3) and (4) authorize the Department to provide insurance to finance the construction or rehabilitation of rental or cooperative structures. Special projects for the elderly can be provided under these programs, and may include special features such as congregate facilities. Mortgages under this program can be processed and coinsured by approved coinsuring lenders. From the program's inception through June 1984, a total of 10,307 projects containing 1,086,580 units have been insured. More than 12 percent of these units have elderly occupants.

D. Section 223(f)—Mortgage Insurance for the Acquisition or Refinancing of Existing Multifamily Housing Projects

This program offers mortgage insurance for existing facilities, including housing for the elderly, where repair need do not warrant substantial rehabilitation. The program can be used either in connection with the purchase of a project or for refinancing only. To the extent that real estate liquidity is enhanced, section 223(f) encourages investment in residential real estate of all kinds. Prior to its addition to the National Housing Act in August 1974, project mortgage insurance could be provided only for substantial rehabilitation or new construction. Mortgages under this program can be processed and coinsured by approved coinsuring lenders.

E. Section 232—Mortgage Insurance for Nursing Homes/Intermediate Care Facilities

The primary objective of the section 232 program is to assist and promote the construction and rehabilitation of long-term care facilities. The vast majority of the residents of nursing homes and intermediate care facilities are elderly. Since the program's enactment in 1959 through June 1984, the Department has insured 1,453 facilities, providing 174,126 beds, for a total of $2.35 billion. In fiscal year 1984, 18 facilities, providing 2,224 beds, were insured for a total of $80 million,

The Housing and Urban-Rural Recovery Act (HURRA) of 1983 provides for a special program for the elderly which permits units with shared bedroom and bath facilities and central kitchens. These are called "board and care" units and will provide 24-hour staffing for oversight of the residents. There is no medical component and no certificate of need is required. The facilities must be licensed by the State. The Department is now in the Process of developing regulations to implement board and care homes.

F. Section 242—Mortgage Insurance for Hospitals

Under section 242 of the National Housing Act, the Department insures mortgages to finance the construction or rehabilitation of nonprofit and proprietary hospitals, including major moveable equipment. The Hurra of 1983 expanded the coverage of this section to include public hospitals; a proposed rule was published in October 1984. From the program's inception through fiscal year 1984, the Department has insured 214 hospitals, providing 57,132 beds, for a total of $3.9 billion. In fiscal year 1984, five hospitals, providing 714 beds, were insured for a total of $103 million.

G. Section 8 Rental Assistance

The section 8 program provides rental assistance for very low-income families. Any increase brought about by legislative or regulatory change is capped at 10 percent per year, and HUD makes up the difference. As of August 31, 1984, there were 2,231,061 units reserved under the program. Of those units, approximately 40 percent are occupied by the elderly.

Based on appropriations for fiscal year 1985, approximately 100,000 additional assisted units are expected to be reserved. This number includes 14,000 section 202 units. Authorization is also provided for shared housing for elderly families under the section 8 existing housing and moderate rehabilitation programs. Shared housing arrangements can contribute to reduced housing costs, companionship, and security for elderly persons. In addition, assistance will be extended under the section 8 existing housing program to single room occupancy housing. This would meet the needs of many lower-income elderly individuals who do not require institutionalization.

Extensive use of section 8 existing certificates and the voucher program will benefit eligible elderly families by permitting them to receive assistance without moving. The housing voucher demonstration indicated that the elderly utilized vouchers in a greater proportion than the total population of low-income families.

H. Congregate Housing Services Program

The congregate housing services program is designed to test the cost-effectiveness of providing supportive services for the elderly and handicapped under HUD auspices to prevent or delay unnecessary institutionalization. Under this program, HUD extends multiyear grants (3 to 5 years) to eligible public housing agencies and nonprofit section 202 sponsors for meals and other supportive services to frail elderly and nonelderly handicapped residents. As of September 30, 1984, essentially all fiscal year 1979 and fiscal year 1980 funds ($20 million) have been obligated to grantees. About $3.7 million in fiscal year 1983 funds was also obligated to 36 fiscal year 1979 grantees for 2-year continuations; three grantees were funded in the fiscal year 1983 rural demonstration. Approximately $185,000 remains in reserve from fiscal year 1983 funds. Sixty-three grantees are in operation, serving about 1,800 residents on a regular basis. Another 500 were served last year on a short-term, temporary basis, usually after incapacitation or hospitalization. Congress has appropriated $4,144,000 for fiscal year 1985. These funds will be used to extend 29 fiscal year 1979 grants from 5 to 6½ years. The renewals will be processed in fiscal year 1985 and early fiscal year 1986, consistent with each grantee's current termination date.

I. Evaluation of Home Equity Conversion Mortgages for the Elderly

In 1983, the Department proposed a full demonstration of home equity conversion mortgages, but Congress turned the proposal down. The HURRA of 1983 authorized instead an evaluation of the existing use of such mortgages in the conventional market. These mortgages are designed to help elderly homeowners who wish to remain in their homes, but need to convert some of their equity into income to meet increased living expenses, pay for housing repairs, and help pay for other major expenses.

HUD will submit its final report on this program to the Congress late in 1984. It will include information on the extent to which such mortgages improve the financial situation or otherwise meet the special needs of elderly homeowners, the risks incurred by mortgagors in using such mortgages, and the potential for market acceptance. The Department will make recommendations regarding safeguards to minimize risk to mortgagors and for the possible establishment of a Federal insurance program for the mortgages.

J. Manufactured Home Parks

At the request of the administration, the Housing and Urban-Rural Recovery Act of 1983 amended section 207 of the National Housing Act to permit mortgage insurance for manufactured home parks exclusively for the elderly.

K. Minimum Age Covenants ("Retirement Villages")

As result of a White House initiative, FHA single-family insurance is available for retirement villages exclusively for occupancy by the elderly. HUD can insure mortgages on properties in subdivisions and planned communities which restrict ownership to those above a certain age, and which restrict the occupancy and the duration of visits by children.

L. Pet Ownership

The Housing and Urban-Rural Recovery Act of 1983 provides for pet ownership in assisted rental housing for the elderly and handicapped, and for the establishment of reasonable rules for the keeping of pets by tenants in such housing.

III. PUBLIC AND INDIAN HOUSING

A. Public Housing

Public housing was created by the United States Housing Act of 1937 and has always included the elderly as eligible residents. In 1956, the Congress authorized public housing especially designed for the elderly, incorporating safety and security features. Handicapped persons of all ages with low incomes are statutorily included. Public housing agencies (PHA's) develop and operate the housing, which is financed through direct HUD loans and the sale of bonds and other obligations. The Federal Government makes annual contributions to repay the PHA's borrowing and, with operating subsidies, assures that low rents and adequate services are available. In 1970, legislation was enacted encouraging PHA's to develop congregate rental housing for the elderly and handicapped. Congregate housing differs from the usual multiunit housing in that the living units may not have individual kitchens, but must have a central kitchen and dining facility to serve communal meals. Supportive services may be provided by the PHA's, but most are provided by local social service agencies funded by the Older Americans Act and titles XIX and XX of the Social Security Act.

As of September 30, 1984, approximately 514,000 units of low-income public housing, or 43 percent, were occupied by the elderly. These figures do not include elderly occupancy of section 8 units leased by PHA's.

B. Indian Housing

The Department provides housing assistance for elderly Indians and Alaskan Natives pursuant to the United States Housing Act of 1937, as amended. The Indian housing program is similar to the public housing program. Indian housing authorities operate rental and homeownership opportunity programs on reservations. As of September 30, 1984, there were 166 Authorities operating 52,256 units, of which 3,135 house elderly in specifically designed units. Currently 12,681 units are in various stages of development and will be available for occupancy within the next 2 to 3 years. Several hundred of these units are designed for the elderly.

In collaboration with the State of Alaska, HUD completed an elderly demonstration project containing 120 units in Anchorage. The project is owned and operated by the Cook Inlet Housing authority. The State contributed 75 percent of the development funds and HUD contributed the remainder. HUD views this demonstration as a model for housing low-income Native Americans that may be repeated in other States that have the financial resources. The Department is encouraging tribes with substantial and available assets to contribute to similar partnerships to increase the number of units for the elderly. For example, the Potawatomi Tribe in Oklahoma is contributing the land and the cost of offsite utilities for an industrialized housing project for the elderly.

IV. COMMUNITY PLANNING AND DEVELOPMENT

A. Community Development Block Grant Entitlement Program

The community development block grant (CDBG) program is a major source of funds for cities to conduct a wide range of community development activities. The CDBG program makes available approximately $3.5 billion annually to States and communities. Approximately $2.5 billion of this sum goes to 735 cities and urban counties by entitlement with individual amounts determined by formula. Most of the balance, approximately $1 billion, goes to States to be distributed to small cities with a population of under 50,000. In addition, a one-time only appropriation of $1 billion for community development grants was created in 1983 as part of the emergency jobs bill appropriation.

Block grant, funds must be expended to help low- and moderate-income households, to eliminate slums and blight, or to meet other urgent community development needs. The primary objective of the legislation is the development of viable urban communities by providing decent housing, a suitable living environment, with expanding economic opportunity. Elderly persons benefit directly and indirectly from a variety of CDBG funded projects. However, because of the decentralized nature of the CDBG program and because local communities are not required to report program beneficiaries by age, it is impossible to estimate exactly what proportion of CDBG funds directly address the needs and problems of the elderly.

Available information does show, however, that slightly more than $14 million in fiscal year 1983 was budgeted by communities specifically for assistance to senior centers. Metropolitan cities planned to use 0.2 percent of their funds for this purpose and urban counties 1.7 percent. Another major source of elderly benefits in the CDBG program is local funding for housing rehabilitation activities, which represent approximately 37 percent of all CDBG entitlement spending. Although the exact amount cannot be determined, a significant proportion of this funding benefits the elderly. For example, many communities use CDBG funds to make home improvement grants, write down the interest rate of conventional home improvement loans, forgive repayment of home improvement loans, and provide weatherization services for elderly owners and renters.

In addition, significant amounts of CDBG entitlement spending for neighborhood improvements, public services, and other public works directly or indirectly benefit the elderly. In 1983, CDBG entitlement cities and urban counties allocated about $21 million for public housing modernization, $276 million for the provision of public and social services, $17 million for neighborhood facilities, $11 million for the removal of architectural barriers, $3 million to centers for the handicapped, and $62 million for other public facilities. Again, it is not possible to estimate the total CDBG benefit to the elderly from these types of projects. However, entitlement cities in recent years have annually directed about 57 percent of their funds to areas in which at least 10 percent of the population was 65 or more years of age.

The following examples illustrate the kinds of projects that directly benefit the elderly from those supported by CDBG entitlement funds:

—Seattle, Wash. provides 0 to 9 percent loans to low-income families for home renovation. CDBG funds have been used to support program administration and to promote noninterest loans. In 1979, 20 percent of the program's participants were elderly, and over half of the no-interest loans went to elderly persons.

—The East Side Housing Action Committee of Milwaukee, Wis. offers free repair and maintenance services to elderly persons and low-income households. This organization also acts as an umbrella organization for the provision of a wide range of services to the elderly. Funding is provided through CDBG and other sources.

—Brookline, Mass. has used CDBG entitlement funds for a combined grant-and-rebate program. The program gives free technical assistance to homeowners to help them inspect their properties, offers, advice about needed work, and helps negotiate contracts and inspect completed work. In 1979 and 1980, about 40 percent of the grants and 13 percent of the rebates went to elderly homeowners.

—Maintenance Central for Seniors in Detroit, Mich. provides minor home repair for elderly persons in revitalizing neighborhoods. This citywide program is CDBG-funded. Repairs include barrier-free improvements and roofing.

—In Seattle, Wash. a varity of public and private sources of funds have helped in the revitalization of the city's Pike Place public marketplace. To support this economic development project, a nearby senior community center and a community health clinic were constructed with CDBG entitlement funds.

—Senior Housing in Minneapolis-St. Paul is a CDBG-funded program designed to deal with the special problems of elderly homeowners. The organization provides information to callers about housing programs, helps elderly persons complete forms for loans and grants for home repair, publishes a list of responsible home contractors, and provides small home repair loans up to $150.

—The County of Santa Clara, Calif., through the Council of Aging, used CDBG funds to support a program entitled Project Match. Project Match provides a variety of services to elderly residents. It is basically a shared housing arrangement which matches older persons who have housing with other persons who need low-rent housing.

B. CDBG Small Cities Program

Beginning in fiscal year 1982, States were given the option of assuming administrative responsibility for the small cities CDBG program. In fiscal year 1984, 47 States exercised that option; only three States elected to have HUD field offices administer the program.

Although statutorily eligible activities are the same for both the entitlement and State-operated small cities programs, States may restrict the activities funded or structure their funding competitions to favor a few activities important to their States. With the exception of a few States that allocated their funds directly to cities by formula or through regional organizations, most States distributed these funds through a competition among their small communities.

As in the CDBG entitlement program, elderly persons benefit both directly and indirectly from a variety of small cities CDBG-funded projects. Since the bulk of the money is distributed by States and they are not required to report in a systematic fashion who benefits from the activities of their grantees, the exact level of benefit to the elderly cannot be determined.

However, based on the reports of 42 States for fiscal year 1983, 47 percent of CDBG small cities spending for those States was allocated to public facilities activities, including support for senior centers, neighborhood facilities, centers for the handicapped, and removal of architectural barriers. Another 16 percent of program funding went for housing rehabilitation-related activities such as rehabilitation of private properties, public residential structures, and public housing modernization. Public services may also be funded out of CDBG small cities grants.

The following examples illustrate the types of projects which directly benefit elderly persons that have been funded in 1982 and 1983 by State-administered small cities programs:

—Banks County, Ga. rehabilitated the county jail for use as a senior center and clothing center. The center will also be used for the distribution of food stamps, a courtroom, and a large meeting room.

—Davison County, Ga. rehabilitated a health center and senior center. The funds are also being used to remove architectural barriers at the health center.

—Okawville, Ill. is constructing a senior center. The building is intended to serve approximately 4,330 elderly persons in the Washington County area.

—Lafayette, Colo. used CDBG funds for site acquisition and preparation of a 10-unit rental housing project for the elderly.

—Greenville, Ga. acquired and rehabilitated 20 substandard rental units and also rehabilitated an abandoned train depot for use as a senior citizen center.

—Powder, Ga. provided rehabilitation grants to 29 elderly and 14 nonelderly homeowners, acquired a senior citizen center building, and developed a parking area for use by the senior center clients and the nearby historic downtown district.

C. Urban Development Action Grant (UDAG) Program

Cities and urban counties which meet minimum standards of physical economic distress are eligible for urban development action grants (UDAG's) to assist economic development projects in their community. Communities that fail to meet the communitywide test for eligibility but have small areas within their boundaries that have large numbers of lower-income persons are eligible to apply for grants under the "pockets of poverty" provision enacted in 1979. The purpose of the UDAG program is to upgrade the economic base of these cities and provide permanent jobs, especially for low- and moderate-income persons. Urban development action grants are awarded through a nationwide competition that considers such factors as the relative distress of the city, amount of private funds leveraged by the UDAG grant, number of jobs created, and severity of economic problems of the locality.

In fiscal year 1984, 457 projects were given preliminary application approval; these projects involved $602 million of action grants. Since the inception of the program, UDAG awards have helped communities develop downtown and suburban shopping areas, community centers, and other public facilities that have indirectly benefited the elderly. In addition, since 1978, 88 projects in over half of the States and Puerto Rico have been awarded funds to assist meeting the needs of elderly persons and households. Examples of fiscal year 1984 action grant projects receiving preliminary approval that directly benefit the elderly are:

—In Cleveland, Ohio, UDAG funds will be used to build a 100-bed, 50,000 square foot skilled and intermediate care facility with a multipurpose senior center. The Eliza Bryant Center is a nonprofit, minority-owned institution established in 1896 to provide services to inner city residents.

—In Manitou Springs, Colo., UDAG funding will assist in the renovation of a historic downtown hotel for use as apartments for the elderly. Twelve efficiency and 44 one- and two-bedroom units will be provided, along with some commercial space.

—In Old Forge, Pa., UDAG moneys will help in the construction of a 60-unit addition to an existing 98 bed nursing care facility serving the needs of the elderly population in a five-community health service area.

D. Section 312 Rehabilitation Program

The section 312 rehabilitation loan program, as established by the Housing Act of 1964, provides direct loans to eligible property owners to assist them in rehabilitating single family and multifamily residential properties and neighborhood-scale nonresidential properties. The program has recently operated in conjunction with and in support of other community development programs, primarily the community development block grant and the urban homesteading programs. Most section 312 loans in the past have gone toward single family loans. The 1981 amendments, however, removed restrictions on the amount and circumstances for multifamily lending. In fiscal year 1983, rehabilitation loans were made at low interest rates (3, 5, and 9 percent) depending upon the family income for residential single family properties, or upon the type of property for other loans. The term of the loan is the shortest reasonable term consistent with the borrower's ability to pay, but in no instance is it more than 20 years.

In fiscal year 1983, the section 312 program made available to localities a total of $44.9 million. These funds came almost entirely from repayment proceeds from previously originated loans and recoveries of prior years' obligations. These funds were used to make 803 section 312 loans for the rehabilitation of 3,451 dwelling units. No data are available on the ages of the tenants in affected multifamily properties. Because single family loan assistance is currently bound to urban homesteading neighborhoods, the level of direct support of the elderly through section 312 single family loans is quite low. In fiscal year 1983, approximately 9 percent of those receiving such loans were 60 years of age or older.

V. LABOR RELATIONS

The Office of Labor Relations has no programs that will directly affect the elderly. This office has, however, maintained liaisons with organized labor and construction contracting associations to encourage investment of pensions funds into more housing for senior citizens.

VI. POLICY DEVELOPMENT AND RESEARCH

Title V of the Housing and Urban Development Act of 1970 authorizes and directs the Secretary to undertake programs of research, studies, testing, and demonstration relating to the mission and programs of the Department. Section 815 of the Housing and Community Development Act of 1974 specifically encourages demonstrations related to the housing problems of the elderly and handicapped to design, conduct, and support research and demonstration projects whose results will improve housing conditions and related housing and community services for the elderly, the handicapped, and other groups with special needs.

Research Projects

The Office of Policy Development and Research (PD&R) is currently sponsoring several projects related to the housing needs of the elderly. During fiscal year 1984, the evaluation of the congregate housing services program (CHSP) continued. Additional data were collected and analysis was begun to measure CHSP impact on rates of institutionalization, hospitalization, mortality, physical functioning, and health status; whether the services were substituting for privately provided supportive services (i.e., from friends or family); and whether the services were being targeted to the most needy. The completed results of all analyses will be submitted to the Department in December 1984.

Several projects funded by HUD in fiscal year 1983 are continuing. First, a project undertaken with the Consumers Union Foundation will result in preparation of a guidebook for the elderly and their families on how to make retirement housing choices. Second, locally sponsored solutions to the housing problems of the elderly have been surveyed and those solutions will be documented in a handbook for use by potential sponsors of similar projects. Third, the U.S. Conference of Mayors is completing a guidebook for determining local need for housing for the elderly. It will be ready for distribution in early 1985.

In addition, several other projects were completed in fiscal year 1984. One project examined the impact of the cost containment measures instituted in the section 202 program. The study showed that the cost containment requirements were being implemented. A second project investigated the possibility of starting several self-sufficient businesses to be operated by elderly residents of HUD-sponsored housing. A maintenance and repair service was begun in Birmingham, Ala. as part of this project.

A demonstration initiated in 1984 will test the feasibility of the use of energy management companies (EMC's) in three HUD-sponsored elderly projects, two financed under section 202 and one under section 231. The Department is also considering extending this demonstration to public housing projects. An EMC is a private sector firm which contracts with a building owner to make an energy audit of the building to determine where energy is being used and what can be done to reduce its use. The EMC then finances and installs appropriate energy conservation measures, such as new heating system components or controls, and shares the resulting energy savings with the building owner. The owner, in turn, may choose to pass on these savings in reduced rents or to use this money to rebuild the project reserve account to provide for future emergencies. In either case, the financial stability of the project is protected and the tenants are shielded against future rent increases.

Finally, PD&R is completing its study of home equity conversion mortgages (HECM's) for the elderly, which will go to Congress this December. HECM's are devices which allow elderly homeowners to convert their home equity into income, while remaining in their home. The report will document the limited use of HECM's to date, assess potential demand by analyzing income and other characteristics of the elderly population, describe the risks and possible safeguards of HECM's, and examine the feasibility of FHA insurance of HECM's in a demonstration project.

Another focus of the research program is on the handicapped; much of that research has major implication for the elderly who face many of the same problems that the handicapped face. PD&R completed a project to prepare a handbook which will give local governments guidance on selecting and implementing a methodology for surveying the needs of their handicapped citizens.

Joint Venture for Affordable Housing

The joint venture for affordable housing is a HUD-initiated program involving partnerships with local government officials and the housing industry to bring down the cost of housing through the identification and modification of lcoal building, zoning, and site development regulations which add unnecessary costs to housing projects. The joint venture concept is not limited to elderly homeowners or to low-income families, but is applicable to all types of housing.

There is a direct benefit for the elderly; housing costs can be reduced through permitting smaller units at a higher density. In many communities, older homeowners are often "locked in" to their old, large homes long after their children have grown and gone, because there is no alternative housing available in the community which they do not wish to leave. When local regulations are implemented which will permit builders to construct and market small units of a size and at a price affordable for these older residents, the community receives two benefits. First, these older families are able to remain in the community; and second, their older, larger homes because a housing resource for young, growing families who need the space.

The joint venture program was initiated in January 1982 by Secretary Pierce. As of the fall of 1984, some demonstration projects in 28 States have shown—without HUD financial assistance—that housing costs can be reduced by as much as 20 percent through this regulatory review and reform approach. In August 1984, Secretary

Pierce initiated a new phase of this program, calling on national public service and community organizations to develop local coalitions to bring about the same kind of regulatory review in their communities as HUD has encouraged in the demonstration communities.

VII. FAIR HOUSING AND EQUAL OPPORTUNITY

Congress passed the Age Discrimination Act of 1975 to prohbit discrimination on the basis of age in programs or activities receiving Federal financial assistance. HUD published its proposed Age Discrimination Act implementing regulation in the Federal Register in November 1980. The final regulation should be published in the Federal Register sometime in late 1984. During the past 2 years, HUD received 28 complaints alleging age discrimination in obtaining housing. Twenty-two of these complaints were referred to the Federal Mediation and Conciliation Service (FMCS) and resolved through their mediation. The remaining six were returned to HUD for further investigation.

SUMMARY OF HUD ELDERLY HOUSING PROGRAM ACTIVITIES [1]

Sections and program	Status of program	Number of projects	Units	Mortgages	Elderly units	Percent of elderly units	Cum. fig. thru—
Unassisted programs:							
231—Mortgage insurance of housing for elderly	Active	495	65,900	$1,147,181,627	65,900	100.0	June 30, 1984.
221(d)(3), 221(d)(4)—Multifamily rental housing for low- and moderate-income families	do	3,611	364,398	6,030,755,185	25,798	7.0	Do.
		6,696	722,182	19,042,503,043	101,713	14.0	Do.
207—Multifamily rental housing	do.	1,888	243,185	3,628,811,281	3,879	1.6	Do.
232—Nursing home and intermediate care facilities	do.	1,453	174,126	2,347,559,517	174,126	100.0	Do.
Assisted programs:							
Title II—Low-income housing	do.	14,994	469,008	NA	384,948	26.2	Do.
202—Direct loans for housing of elderly and handicapped	do.	2,016	130,106	4,989,707,469	116,060	89.2	Do.
235 [2]—Homeownership assistance for low- and moderate-income families	Inactive [3]	NA	473,033	8,456,660,790	66,224	14.0	Do.
	Active [3]	NA	117,089	4,409,450,088	3,981	3.4	Do.
236—Rental and co-op assistance for low- and moderate-income families	Inactive	4,058	435,669	7,557,569,585	56,128	12.8	Do.
202/236—202/236 conversion	do.	182	28,591	487,075,452	28,591	100.0	Do.
8 [4]—Low income rental assistance:							
Existing	Active	17,163	1,226,880	3,454,920,013	342,186	27.9	Do.
New construction	do.	8,339	534,536	2,717,369,316	299,192	56.0	Do.
Substantial rehab	do.	1,663	122,612	768,341,253	46,273	37.7	Do.
23—Low rent leased housing	Inactive	NA	163,267	NA	54,000+	35.0	December 1975.

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[1] Figures obtained from Management Information Systems Division, Housing, Department of Housing and Urban Development.
[2] 235 figures are based on CY 1982 recertifications.
[3] Figures on inactive line are for original program; figures on active line are for revised program.
[4] Excludes 202/8 reservations.

ITEM 8. DEPARTMENT OF THE INTERIOR

December 6, 1984.

Dear Mr. Chairman: Secretary Clark appreciates your letter of October 17, 1984, requesting information for the Special Committee on Aging annual report on Developments in Aging under Senate Resolution 4 of the Committee Systems Reorganization Amendments of 1977. The Secretary has asked me to respond with our report on Developments in Aging for 1984, and to let you know that we were very pleased with the attention you gave this Department in the committee's 1983 annual report.

The reports from our bureaus and offices on the developments in aging in their programs and services are contained in attachment A–O. Highlights from the reports are: Emphasis on experience, technical expertise and specialization in filling vacancies in the Bureau of Mines (A); awards to 91 employees with 30 years service and 24 employees with 40 years service (includes a former director, age 83, with 60 years service), 165 employees were re-employed annuitants, and the cooperation with retired employee organizations in the U.S. Geological Survey (B); improved easy and safe access for the elderly at 500 wildlife refuges and fish hatcheries, over 800 elderly and handicapped individuals utilizing the facilities at the National Fisheries Center, 600 people over age 60 in the volunteer program, the Golden Age Passport, special tours with transportation provided at the refuges, and one person over age 80 and 20 over age 70 in the U.S. Fish and Wildlife Service (C); older employees with advanced skills and expertise in engineering and physical science, retired consultants and members of boards and commissions, and opportunities for the elderly in the Bureau of Reclamation (D); specialized activities for senior citizens at the national parks, outreach efforts by park personnel at hospitals and nursing homes, increase in the number of older park volunteers, improved accessibility in the national parks and historical sites nationwide recreation survey on needs of the elderly, and over 5 percent of employees over age 65 in the National Park Service (E); increase of employees over age 70 and 8 percent of all employees are eligible to retire but have chosen to continue working in the Minerals Management Service (F); and housing, social services, custodial care and financial assistance for senior Indians in the Bureau of Indian Affairs (G).

Also, senior citizens volunteering on wildlife, forest, rangelands, soil and water, recreational, historic, archeological and visitor projects with financial assistance in the Bureau of Land Management (H); protection against home damage and hazardous gases for the elderly and 5 percent of employees over age 60 in the Office of Surface Mining (I); listing of territorial governments for local programs for the elderly by the Office of International and Territorial Affairs (J); proposed regulations for the Age Discrimination Act of 1975 and a comprehensive survey of park and recreation sites by the Office of Equal Opportunity (K); 336 employees over age 70 in the Department (12 percent increase from 1983) with 21 of them over age 80 (one full time park superintendent 88 years old and another part-time park technician 90 years old) reported by the Office of Personnel (L); nondiscrimatory practices by the Office of the Secretary Personnel Services (M); and Secretarial EEO policy statement, activities for the aging, distribution of publications, chronology of executive orders and court decisions, and "trigger words" by the Office of Human Relations (N); senior citizen volunteers providing support services at job corps centers and special construction for accessibility by the Office of Youth Programs (O).

We are happy to report on the emphasis that the Department of the Interior gives to the needs and issues of geronotology. The interest of your committee in our activities for the aging is appreciated, and if we can provide more information, please contact Dr. Andy Adams (343–5521) who provided me staff assistance for this report.

Sincerely,

Richard R. Hite,
Principal Deputy Assistant Secretary for Policy, Budget and Administration.

Attachments.

Attachment A

Memorandum to: Andy Adams, Special Projects Administrator, Office of the Assistant Secretary—Policy, Budget and Administration.
From: Director, Bureau of Mines.
Subject: Report on Developments in Aging, 1984.

This is in response to your memorandum of October 24, 1984, concerning the Annual report on Developments in Aging.

The Bureau utilizes highly specialized technical and scientific expertise of senior individuals through the reemployment of annuitants, advisory committee memberships and faculty members. Experience, technical expertise and specialization which may often increase with chronological age are frequently of prime importance in filling Bureau vacancies.

We have reviewed our internal and external employment policies and find no evidence of age discrimination. The personnel staff provides advice, counseling and assistance to senior employees who are interested.

ATTACHMENT B

Memorandum to: Dr. Andy Adams, Special Projects Administrator.
From: Personnel Officer.
Subject: Report on Developments in Aging, 1984.

During the past year, the U.S. Geological Survey (USGS) has continued to benefit from the wisdom and creative abilities of its older workers. The USGS continues to employ a large number of older employees and, as a result, obtains invaluable assistance for its programs from their years of training and on-the-job experience. Because of the positive contributions of these employees, the USGS continues to maintain a strong and ongoing commitment to fully utilize the knowledge and scientific expertise of all its older employees. We are pleased to provide this annual review of our activities and services for the aging, in response to your request for information concerning activities in the bureau which focus on opportunities for older citizens.

Realizing the important contribution that older workers make to the organization, the USGS directs its efforts toward the recognition of the talents of these employees by providing appropriate ceremonies for the presentation of length of service and achievement awards. When presented, many of the meritorious service and special achievement awards go to older employees to recognize the importance of their scientific endeavors. Within the past year, 91 employees have received 30-year service awards and, 24 employees have received 40-year service awards. This is a demonstration of the USGS's dependence upon the skills and abilities of its older workers. By continuing to work for the USGS for extended periods, many older employees are able to remain in a vibrant scientific environment that respects the value of their research. The Survey's older workers have already made, and will continue to make, positive and effective contributions to agency programs. The large number of older employees on the USGS rolls is a means of measuring the productive career development that many of them have achieved while employed with the bureau.

The most important individual older employee activity conducted by the USGS in the past year was the special award given to Dr. Thomas B. Nolan on September 13, 1984. Dr. Nolan, a former director of the USGS, was honored for his 60 years of service with the bureau. Dr. Nolan began his career in June 1924, and served under three differenct directors before becoming head of the agency himself in 1956. He stepped down from the directorship in 1965 to resume his own geological research. Dr. Nolan, who is 83, now works part-time for the Survey as a research geologist, and continues to do summer geologic field work. He has received a number of awards during his career, including the Rockefeller Public Service Award from Princeton University in 1961, and is a member and past officer of numerous scientific societies. Dr. Nolan epitomizes the dedication and concerns of the older employees of the USGS. Interior Secretary William Clark presented Dr. Nolan a letter of recognition from President Reagan as part of the award ceremony. The President's letter lauded Dr. Nolan's long and significant career as a scientist with the USGS.

Another significant recognition of an employee occurred when the USGS presented the Outstanding Handicapped Employee of the Year to Tom G. Lovering. Mr. Lovering, who is 63 and works from a wheelchair, was cited for his many, significant contributions to the development of geochemical exploration methods for detecting ore deposits, and, in particular, for his use of unconventional sample media for locating concealed deposits. Tom is carrying on a USGS tradition, however, because his father, Thomas S. Lovering, who is 88, is also a geologist with the bureau. Between them, the father and son have 90 years of combined service with the USGS.

One source of pride for the USGS is the fact that over 165 of its employees during the past year were reemployed annuitants, and their combined experience and knowledge, based upon many years of scientific research and personal development, were critical elements in the success of many of our operating programs during that period. The policy of the USGS has been and still is that part of the necessary foundation on which is built a comprehensive study of the Earth's past, combined with a successful, ongoing search for its future resources, rests upon the careers of employees that are continuously in a state of growth and developing maturity. We view the contributions of our older, reemployed annuitants as an important component of the agency's basic strength. We believe that the expertise which many of our older workers possess is an important and valuable tool which our younger employees can use to enhance their own scientific activities. Many of our older employees remain affiliated with the USGS because they are continuing to make practical contributions to the bureau's scientific projects and programs, and because the USGS reciprocates by providing sincere interest in and support for their scientific endeavors.

Another important facet of the influence of the older employees of the USGS is demonstrated by the success of the retired employee organizations. Involving hundreds of retirees, these groups forge an important link between the USGS programs and the former employees themselves, and confirms that there is a strong and continuing positive interest in the welfare of the bureau. Sponsored by their former operating division, the activities initiated by these groups allow the retirees to maintain contacts with their former professional colleagues and to continue to support a variety of scientific activities. As an example, the Water Resources Division Retirees Association, with more than 740 active members, sponsors an annual National Convocation for the dual purpose of providing a reunion with other retirees and a chance to meet with the senior managers of the division, as well as the Director of the Geological Survey, to keep abreast of current division programs. In addition, various members of the Association make themselves available to participate in bureau projects. As an example, almost 200 Water Resources Division retirees indicated interested in volunteering to help write the Division's history for the years 1947 to 1957. This is a typical example of the interest and enthusiasm that older USGS employees and retirees continue to exhibit.

Many of the USGS operating programs demand a high level of scientific excellence, and there is a constant need for the appointment and retention of experienced and creative scientists. The USGS has continued to practice sound and effective personnel management policies, particularly with regard to the employment and effective utilization of older workers. It has been, and will continue to be, the policy of the USGS to assure fair and equitable employment consideration for all candidates, regardless of age. Because of its past successful experience with older employees, the USGS will continue to make extensive use of the knowledge and skills of its more mature workers.

ATTACHMENT C

Memorandum to: Special Projects Administrator, PBA.
From: Acting Director, Fish and Wildlife Service.
Subject: Report on Developments in Aging, 1984.

The Fish and Wildife Service (FWS) administers 500 wildlife refuges and fish hatcheries where the elderly have an opportunity to participate in numerous recreational opportunities such as bird watching, wildlife photography, fishing, camping, swimming, and clam digging.

The Service continues to improve the facilities on field stations to provide easy and safe access to the buildings, grounds, trails, and boardwalks that are open to the elderly. Improvements that have been made include convenient close-in parking spaces to avoid long walks, modified curbs to provide access to sidewalks and walkways, ramps, lowered telephones for ease of use, handrails and rest benches, widened entrances to restrooms, and signs redesigned with larger print and contrasting colors to enable the elderly to easily read the signs.

The Youth Conservation Corps (YCC) participated in projects such as removing snow, mowing yards, and clearing drainage ditches for the elderly. In Oklahoma the YCC painted the exterior of a senior citizens community action center, constructed a sign base for a senior citizens community center, and constructed a restroom facility with access for the handicapped in a State park. YCC activities in the State of New York included constructing a wheelchair ramp at a YMCA and inviting the elderly to an open house. The Youth Conservation Corps repaired and improved an observation tower located on a trail with access to the handicapped at a wildlife refuge in Texas.

Over 800 elderly and handicapped individuals utilized the facilities at the National Fisheries Center, Leetown, W.Va., in fiscal year 1984. The extended walkways and platforms into the fishing ponds at the center provide the elderly with easy access and maneuverability while fishing.

During fiscal year 1984, more than 600 people over the age of 60 participated in the FWS volunteer program. The Service volunteer program coordinator is actively working with the American Association of Retired Persons (AARP). The volunteer coordinator will submit an article to the AARP magazine, Modern Maturity, describing the FWS volunteer program in an effort to encourage more retired people to become volunteers in the FWS. AARP is developing a computerized skills bank of its membership across the country. The Service will utilize the skills bank to place senior volunteers on meaningful assignments in the Fish and Wildlife Service.

The Golden Age Passport for individuals over age 65 continues to be widely used by the elderly. The passport enables senior citizens to receive a 50 percent discount in recreational user fees.

Special tours are offered by many wildlife refuges for nursing home residents and other retired people. Some refuges provide transportation for the elderly when there are activities at the refuge that are of special interest to older Americans.

The Service recognizes the value of older employees. Personnel management practices include a strict adherence to nondiscriminatory hiring and job retention. Currently the Service employs one individual over the age of 80 and 20 employes over the age of 70. Ten employees have over 40 years of service, 28 employees have between 36 and 39 years of service while 143 employees have between 30 and 35 years of service.

ATTACHMENT D

Memorandum to: Dr. Andy Adams, Staff Assistant, Office of Policy, Budget and Administration.
From: Assistant Commissioner.
Subject: Report on Developments in Aging, 1984.

In response to your memorandum of October 24, 1984, we are attaching the subject report for the Bureau of Reclamation.

Attachment.

BUREAU OF RECLAMATION ON DEVELOPMENTS IN AGING, 1984

The Bureau of Reclamation has traditionally carried out programs which provide meaningful opportunities for older Americans principally in the areas of employment and recreation. We continue to support and encourage these programs throughout the Bureau.

In employment, the Bureau stresses equality for all applicants and employees. Almost all vacancy announcements are open to all qualified individuals, regardless of age. The Bureau employs older persons in a broad spectrum of occupations. Because the Bureau is a renowned engineering organization, we employ comparatively large numbers of engineers and physical scientists. We are often able to capitalize on the advanced level of skills and expertise which our older employees in these fields impart to other workers. The Bureau also utilizes retired individuals in consultant roles, as members of boards and commissions, and as reemployed annuitants in a variety of technical, scientific, or administrative professions. Each year in ceremonies which honor meritorious service and special achievements, there are many awards for length of service. Also, the Bureau, through its citizen's award program, has recognized several senior citizens for their contribution to the Reclamation program.

The Bureau has made increased efforts to make our projects and facilities more accessible to handicapped individuals. Since a sizable percentage of the aging population experience some degree of disability, these modifications do make Bureau facilities more usable and enjoyable for the elderly as well.

Recreation opportunities are also available at many Bureau facilities for water-oriented activities such as fishing, swimming, boating, and camping. These leisure activities traditionally attract the retired and senior citizen population.

The Bureau is committed to a continual effort to insure that the senior citizens have full benefit of recreational activities available through Reclamation programs and that the senior Bureau employee is provided equal opportunity to fulfill career goals.

ATTACHMENT E

Memorandum to: Staff Assistant, Policy, Budget and Administration.
From: Director, National Park Service.
Subject: Report on developments in aging, 1984.

The National Park Service has long recognized its responsibility to provide opportunities for all the Nation's citizens to participate in and enjoy the programs provided throughout its system. In 1979, the Service created a new Branch of Special Programs and Populations with specific responsibilities to monitor and coordinate systemwide efforts on behalf of special groups such as disabled and elderly persons.

Since that time, considerable action has taken place at the national, regional, and local park levels to fulfill this commitment. A number of our parks have developed specific programs for senior citizens. These programs include specific activities such as day camps for seniors, the provision of senior centers, special tours and programs, as well as outreach efforts where park personnel go into convalescent hospitals and nursing homes to present programs usually provided at the park.

At the present time, efforts are being made to increase the number of older citizens in the Service's volunteers in the parks program. Another major effort of the National Park Service as it relates to senior citizens is the operation of the Golden Age Passport program. The Golden Age Passport is a free lifetime entrance permit to those parks, monuments, and recreation areas administered by the Federal Government which charge entrance fees, and is issued to citizens or permanent residents of the United States who are 62 years of age or older. It also provides a 50-percent discount on Federal use fees charged for facilities and services such as camping, boat launching, and parking. The Golden Age Passport was originally authorized in 1973 as a 1-year privilege, but was converted to a lifetime passport in 1975. Since that time, over 3 million passports have been issued, with over 275,000 having been issued in the past year.

In the past few years, the National Park Service has made increased efforts to make our facilities and programs more accessible to and usable by individuals who have mobility, visual, or hearing impairments. These program modifications have included adaptations for wheelchair users, captioning of some audiovisual programs for the hearing impaired, large type material for persons with visual difficulties, and audio messages for the blind. Since a sizable percentage of the aging population experiences some of these disabilities, these modifications do make the parks more usuable for the elderly as well.

In 1984, the National Park Service issued a preliminary release of the results of the 1982–83 Nationwide Recreation Survey. The Administration on Aging of Health and Human Services (along with the Forest Service and the Bureau of Land Management) co-sponsored this personal interview survey of the outdoor recreation pursuits, preferences, constraints and concerns of the American people. Analyses of the survey data with respect to the recreation needs of the aging are underway, and those wishing to do further analyses may purchase a copy of the survey microdata tape from the National Park Service.

The National Park Service continues to provide financial and technical assistance to the States for the development and implementation of their Statewide Comprehensive Outdoor Recreation Plans, in accord with the Land and Water Conservation Fund Act. One of the functions of these plans is to assure that the outdoor recreation needs of special populations, including the aging, are adequately addressed by recreation providers.

The two grant programs, the land and water conservation fund and the urban park and recreation recovery program, require States and communities participating to examine the recreation needs of senior citizens as part of their overall recreation planning and program development. Many facilities built or rehabilitated have provided access for senior citizens. The urban park program has given special priority, through the programs' innovation grants, to projects providing programs to special populations including senior citizens.

The National Park Service has recently conducted a survey to identify the number of employees over age 65. The survey showed a total of 884 persons who comprise approximately 5 percent of the total work force. No baseline data are available but it appears that this percentage is growing.

The National Park Service is proud of its accomplishments and is committed to continued efforts in providing opportunities for all Americans.

ATTACHMENT F

Memorandum to: Special Projects Administrator, Policy, Budget, and Administration, attention: Dr. Andy Adams.
From: Director, Minerals Management Service.
Subject: Report on Developments in Aging, 1984.

The mission of the Minerals Management Service (MMS) does not contain any program specifically designed to meet the needs of older Americans. However, we have begun to study the older workers in our work force.

Although the MMS has been in existence for only 2 years, nearly 40 percent of our work force is age 40 or over and meet the Office of Personnel Management definition of older workers. The data suggests that many of our older workers came to the Federal Government after several years employment in the private and/or State sectors. Based on the number of employees between 50 and 65 years of age, one would expect 44 percent of our older workers to be eligible to retire by 1988. However, only 22 percent will meet the age and years of service requirements for retirement eligibility by 1988. This provides evidence that the MMS hires older workers for the experience and expertise they represent.

Job satisfaction with the MMS is also suggested by the increasing number of employees over age 71. Last year, the MMS had three workers age 70 or older. This year, there are nine workers over age 71, eight of whom have permanent appointments. Additionally, nearly 8 percent of our older workers are currently eligible to retire but have chosen to continue working for the MMS.

ATTACHMENT G

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Deputy Assistant Secretary—Indian Affairs (Operations).
Subject: Report on Developments in Aging, 1984.

The Bureau of Indian Affairs has no special programs for the aged, however, the elderly Indians have been and are benefiting from programs such as social services and housing assistance.

The Bureau's Division of Social Services administers a program of financial assistance to eligible Indian people, one pertinent component of which is custodial care for adults. Custodial care is essentially nonmedical care and protection provided to an eligible client when, due to age, infirmity, physical or mental impairment, that client requires care from others in his or her daily living. This care may be provided, in the most appropriate nonmedical setting, including the client's home, an institution or other group care setting.

The Bureau of Indian Affairs also has a Housing Improvement Program (HIP) which involves the repair and renovation of existing housing and the construction of some new homes on Indian reservations and in Indian communities. The HIP is a grant program and is aimed at improving the standards of housing for those people who are not qualified to receive housing assistance from any other source. Although eligibility to participate in HIP is not based upon the age of the applicant but rather upon need for decent housing, a good many recipients involve elderly Indians since their qualifications and participation in other housing programs are more unlikely.

ATTACHMENT H

Memorandum to: Special Projects Administrator, PBA, attention: Dr. Andy Adams.
From: Director, Bureau of Land Management.
Subject: Report on Developments in Aging, 1984.

We are pleased to respond to your request for a brief report on some of the activities during 1984 that relate to the Bureau of Land Management's interest in older Americans.

Volunteers program.—As requested by the Bureau. the Congress enacted and the President approved legislation authorizing our field managers to reimburse volunteers for their out-of-pocket expenses incidental to their volunteer service with the Bureau. Our field managers in the dozen western States where most of the public lands administered by the Bureau are located have sought this authority to enable more persons with limited financial resources to assist on natural-resources conservation, development and management projects on the public lands.

Many retirees and other older persons—often the very people whose skills, knowledge and experience in working with others qualify them for particularly useful volunteer assignments—are unable to pay the transportation costs and other incidental expenses that typically are involved in doing volunteer work.

Our guidance to field managers for utilizing this new authority (in Public Law 98-540) emphasizes the appropriateness of using it to enable older citizens, especially those with the most limited financial means, to serve others as volunteers for the Nation's public lands. Use of the authority is discretionary, on a case-by-case basis, provided funds are available and the value of the volunteer project involved warrants reimbursement of all or a portion of the volunteer's incidental expenses.

During the year more than 3,500 volunteers—a record number—served with the Bureau on a diverse spectrum of projects. Most of the work was concerned with conserving or increasing production of wildlife, forest or rangelands, and soil and water resources, or improving or protecting recreational, historic or archeological resources, and serving visitors to lands containing those kinds of resources. The percentage of persons 55 years of age and older who were among our volunteers continued to range from 8 to 12 percent, varying from State to State. It continued to be highest in the Southwest—notably the southern California Desert, and southern Arizona and New Mexico—where many "Snowbirds"—older couples and other retired persons who migrate to these warmer winter areas each winter—spend the winter in campgrounds administered by the Bureau.

Several of the nominees for the Bureau's first national awards for outstanding volunteer service were identified as older persons. They included:

—A retired couple served as "campground hosts" in Arizona at the Kingman District's Burro Creek Campground for two 8-month camping seasons. The couple prepared and distributed a visitor's map to nearby rockhunting areas, assisted in informing visitors about newly established campground fees, and operated a well-managed campground.

—An Oregon woman served as "the driving force" in establishing one of BLM's finest herbariums in Oregon's Lakeview District, monitored serveral wilderness study areas, and established a nature trail.

—A 69-year-old Roseburg, Oreg. man, by his "gentle prodding, soft-spoken agitation, persistence, and warm friendly manner," fired the enthusiasm of all involved in initiating a public-lands trail project, and then contributed more than 1,200 hours supervising weekend crews of volunteers who built the trail.

And in the Moab District, in Utah, members of a local chapter of the American Association of Retired Persons, ran their own volunteer project for the Bureau's Price River Recreation Area. They constructed and replaced several facilities to serve visitors to the area.

Community service program.—Many Bureau managers were heartened during the year by reauthorization of title V of the Older Americans Act (Public Law 98-459). Bureau field managers who have served as hosts to older workers under the Senior Community Service Employment Program (SCSEP) authorized by that act, are enthusiastic about its value—both to the older workers who receive training and employment, and to the agency they assist.

The Bureau's participating in this program is in cooperation with national sponsors—such as Green Thumb and the AARP, and several workers as regular Bureau employees following the initial on-the-job training period. Now that this program has been reauthorized for an additional three years, we are investigating the feasibility of applying for status as a program sponsor ourselves.

ATTACHMENT I

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Policy, Budget and Administration.
From: Acting Director, Office of Surface Mining.
Subject: Report on Developments in Aging, 1984.

This memorandum responds to yours dated October 24, 1984, same subject as above. Attached is the Office of Surface Mining Report on Developments in Aging for fiscal year 1984.

Attachment.

OFFICE OF SURFACE MINING

Although the Office of Surface Mining (OSM) has no specific programs exclusively oriented toward older citizens, many of our activities provide direct benefits to older citizens. The Abandoned Mine Lands Progam has the responsibility of stabilizing homes and their foundations which have been damaged as a result of underground mining. Many such homes are occupied by the aged who would otherwise be unable to cope with these problems either financially or physically.

This program also fills abandoned mines to prevent damage to many homes and to reduce the incidence of physical injury to all residents of mining communities including the elderly. OSM reclamation projects also facilitate the development of parks and lakes on previously mined sites and thereby enhancing the lives of many aged individuals. Another service provided to the elderly, along with other citizens, is the program to determine carbon monoxide levels in the homes of citizens in the areas of underground mine fires. This program seeks to assume that such gases do not reach the danger level and threaten the lives of our citizens.

We continue to assure that our managers give impartial consideration to applications from older citizens. Aged applicants are provided equal access to employment opportunities, and we have included the elderly among the targeted groups in our Federal Equal Opportunity Recruitment Program. Grant recipients are reminded of the requirement to prominently post information regarding equal access and opportunity. During FY 1984, 36 (5%) of our approximately 740 permanent employees, were age 60 and over, of which 7 were between the ages of 65 and 70, and one was age 70.

We will continue our efforts to assure fair and equitable treatment to our Nation's senior citizens.

ATTACHMENT J

Memorandum to: Dr. Andy Adams, Special Projects Administrator, PBA.
From: Assistant Secretary—Territorial and International Affairs.
Subject: Annual Report on Developments in Aging, 1984.

In response to your memorandum of October 24, 1984 requesting information on Developments in Aging, 1984, OTIA no longer administers such programs and is unable to give you any specific information.

As you were advised last year, constitutional governments have been formed in all of the territories under our jurisdiction in line with our responsibility to provide for increased self-government. As a result, the local territorial governments now apply directly for funding to the various federal services and activities affecting the elderly and also directly administer such programs within their governments. The Government of the Trust Territory of the Pacific Islands, which previously administered such programs, has reduced its operations in preparation for termination of the United Nations trusteeship.

The Office of Territorial and International Affairs has no programs which are exclusively oriented toward older citizens. Consistent with Department policy, older citizens are provided equal access to employment opportunities within OTIA.

Should you desire specific information on the local activities of the territorial governments, I have enclosed a listing of the territorial governments.

ATTACHMENT K

Memorandum to: Dr. Andy Adams, Special Projects Administrator, Policy Budget and Administration.
From: Director, Office for Equal Opportunity.
Subject: Report on Development in Aging, 1984.

The Department published proposed regulations to implement the Age Discrimination Act of 1975 among its federally assisted programs and activities. Since then we have been awaiting approval from the coordinating agency, Health and Human Services (HHS), to publish the *final* rule.

On July 15, 1984, we received instructions from HHS to revise our proposed regulations and to publish a final rule patterned after its prototype regulations. Work is in progress on the final draft of our regulations.

It will then be circulated throughout the Department for comment. While awaiting approval of the *final* regulations we shall continue to implement the Act as exemplified in our fiscal year 1985 program review schedule. During the current year, our Division of Federal Financial Assistance programs in the Office for Equal Opportunity will conduct onsite reviews of park and recreation activities in the 70 largest cities in the Nation. An integral part of these reviews will be verifying the steps that have been undertaken to assure that older Americans are fully served by these park and recreation systems. Our efforts in this regard will impact directly on the lives of more than 50 million Americans residing in these cities. A substantial number of these residents are older Americans.

ATTACHMENT L

Memorandum to: Dr. Andy Adams—Staff Assistant, Office of Policy, Budget and Administration.
From: Director of Personnel.
Subject: Report on Developments in Aging 1984.

This is in response to your memorandum of October 24, 1984, requesting information necessary to develop the 1984 report to the Senate for the Committee on Aging.

In the Department, we announce positions except firefighters and law enforcement positions as open to all applicants regardless of age. As of September 30, 1984, there were 336 employees 70 years of age or over. This represents a 12-percent increase from the 1983 report. Of the 336 employees, 21 were in their eighties; of these individuals, seven were born in 1900 or earlier. One individual, a supervisory park superintendent, who works full time in Massachusetts is 88 years old. Another individual who works in New Mexico as a park technician on an intermittent basis is 90 years old, with a birth date of March 17, 1894. Provided for your information is a list of those employees in the Department 80 years or older.

Due to the laws governing the Freedom of Information Act and the Privacy Act, the attached list should not be used in your submission for public print to the Senate committee.

If you have any questions, please call Donna Waters, of my staff, on 343-7764.

ATTACHMENT M

Memorandum to: Staff Assistant, Office of Assistant Secretary—Policy, Budget, and Administration.
From: Personnel Officer, Office of the Secretary.
Subject: Report on Developments in Aging, 1984.

During fiscal year 1984, a complete review of the internal controls incorporated in our operating programs was conducted. Our internal policies in the areas of recruitment, promotion, internal movements and training are in compliance with section 3307 of title 5, United States Code. We have no specific programs aimed directly at the aging or any which specifically benefit the aging. The elderly are provided equal access in all promotion and outreach activities and managers are encouraged to give impartial consideration to all employees and to all candidates for employment regardless of age.

ATTACHMENT N

Memorandum to: Staff Assistant, Policy, Budget, and Administration.
From: Human Relations Officer.
Subject: Report on Developments in Aging, 1984.

The following actions in the Office of the Secretary and other departmental offices during 1984 related to aging:

1. The TV film documentary, Black Eagles, has been shown throughout the Department's facilities and to community groups of all ages. Sponsored by the Office of the Secretary, the primary reasons for conducting the showings were, one educational and, two to bridge the age barrier between the younger audiences and the Tuskegee Airmen, national heroes whose military achievements of over 40 years ago are models of excellence.
2. Age continued to be one of the factors in the selection of human relations coordinators and EEO counselors.
3. The Office of the Secretary through the enlightened cooperation of managers and employees with its Human Relations Office, has reduced its formal complaint caseload which also includes age as a factor.
4. In addition to an EEO policy statement issued by the new Secretary of the Interior, the Solicitor's Office, and Office of the Inspector General also reissued EEO policy statements which include age among the protected classes.
5. The 1983, 3,000-page human relations compendium prepared for top managers, has been requested by other agencies. The compendium has a separate section on the myths and realities associated with the aged.
6. A number of workshops, forums and speaking engagements for other agencies as well as private sector have included age as special topics.
7. A chronology of selected court decisions, statements and Executive orders prepared for EEO/Human Relations training, has been updated. It includes historical and recent policies regarding age discrimination.
8. Trigger Words, a publication on stereotyped words to avoid in communication, has been widely circulated throughout the Department and upon request to other agencies and private groups.

ATTACHMENT O

Memorandum to: Dr. Andy Adams, Staff Assistant, Policy, Budget, and Administration.
From: Director, Office of Youth Programs.

Subject: Report on Developments in Aging, 1984.

In response to your memoramdum request of October 24, 1984, in regards to the above subject, the Office of Youth Programs, through our Job Corps Civilian Conservation Center Program, submits the following information pertinent to activities in respect to the aging conducted in 1984.

The purpose of the Job Corps Civilian Conservation Centers, in addition to providing a residential setting for training low income, disadvantaged youth, are programs of work experience focused upon activities to conserve, develop and manage public national resources and to assist in developing community projects in the public interest. However, the following examples are provided as indications of the extent our Job Corps centers support of aging concerns:

(1) Several centers have established written agreements with the Green Thumb organization, which is funded by the Senior Employment Act, and actively participates in the AYUDA program, that provide employment opportunities for the aged. These employees are utilized as nurses' assistants, teaching aids and assist in the corpsmember commissary.

(2) Through our Vocational Skills Training Programs, when supplies and materials were provided by communities and when senior citizens groups, Job Corps members construction labor accomplished:

—Construction of an 80 by 80 foot block building around the loading dock at Goodwill Industries in Lawton, OK.

—Painted the exterior of the Senior Citizens Community Action Center in Chattanooga, OK.

—Constructed handicapped access restroom facility at Tim Steed State Park in Mountain Park, OK.

—Constructed bus loading ramp which make access easier for the elderly in the town of Oakfield, NY.

—Constructed bleachers for the Oakfield, NY schools that allows for safety for the elderly who attend the school's athletic events.

—Cleaned drainage ditches at Grandon, MO for the elderly.

—Constructed walkways and ramps at the Puxico, MO high school.

—Cleaned debris and mowed cemeteries for churches and Butler County Health Department in Missouri.

—Excessive cleanup effort of debris after tornado damage in Southern Missouri counties.

—Provided manpower for the sandbagging operation during the flood emergency in Collbran, CO.

In conclusion, the Office of Youth Programs will continue our efforts to be responsive to the needs of the aging.

ITEM 9. DEPARTMENT OF JUSTICE

Dear Mr. Chairman: This is in response to your letter to the Attorney General requesting that the Department of Justice submit an annual report regarding activities on behalf of older Americans.

It is with pleasure that I send you and the Special Committee on Aging the Justice Assistance Act Agencies' submission for the 1984 edition of Developments and Aging. I have included in this report information about the newly enacted Justice Assistance Act of 1984 (Public Law 98-473). As you know, the President signed this legislation on October 12, 1984, and it authorized a new and innocative program of assistance for State and local law enforcement organizations. It also reauthorized the National Institute of Justice, Bureau of Justice Statistics, and the Office of Juvenile Justice and Delinquency Prevention.

As the enclosed report reflects, the Justice Assistance Act Agencies have continued the JSIA programs for the elderly and you may be assured that the new programs are also directed toward finding ways to eliminate crime and the fear of crime among our elderly. Hopefully, through the efforts that are now underway we will soon see a significant reduction in the crime problems facing the elderly—those we are so indebted to for the greatness of our Nation.

President Reagan and his administration are deeply concerned about the elderly crime victims who have been far too often pushed aside and ignored by society. As the former Chairman of the President's Task Force on Victims of Crime, I am well aware of those complex, tragic situations. The Task Force made many recommendations to improve those situations and the JAA Agencies are working each day to implement the recommendations. In addition, the report of the Attorney General's Task Force on Family Violence addresses many problems it found regarding the treatment of the elderly and the JAA Agencies are dedicated to finding ways to implement those recommendations so that their homes and communities will be a more secure and safer place in which to live.

I appreciate having this opportunity to share with you and the committee information about the Justice Assistance Act Agencies. Please let me know if I can be of further assistance.

Sincerely,

LOIS HAIGHT HERRINGTON,
Assistant Attorney General.

Enclosure.

JUSTICE ASSISTANCE ACT AGENCIES

(Formerly the Justice Systems Improvement Act Agencies)

On October 12, 1984, President Reagan signed Public Law 98-473 which included the Justice Assistance Act of 1984, the Juvenile Justice, Runaway Youth, and Missing Children's Act Amendments of 1984 and the Victims of Crime Act of 1984. The Justice Assistance Act established an Office of Justice Programs headed by an Assistant Attorney General. The Office of Justice Program (OJP) has the responsibility of coordinating the activities of the newly created Bureau of Justice Assistance and the Victim Compensation Program as well as the three Justice Systems Improvement Act agencies reauthorized by the Justice Assistance Act. Those agencies are: the National Institute of Justice, the Bureau of Justice Statistics and the Office of Juvenile Justice and Delinquency Prevention.

This new legislation authorizes programs to help State and local governments improve the administration of their criminal and juvenile justice systems, provide assistance and compensation to victims of crime conduct research in criminal and juvenile justice and compile and disseminate criminal and juvenile justice statistics.

The following are the activities of the agencies on behalf of older Americans.

OFFICE FOR VICTIMS OF CRIME

The OJP Office for Victims of Crime continues to implement the recommendations of the President's Task Force on Victims of Crime.

During the hearing held in 1982, the Task Force learned of the special needs of elderly victims. Property losses, such as the theft of a television or a hearing aid, may result in loss of contact with the outside world. Fear of further victimization may result in fewer trips outside the home, increasing an older person's isolation. Elderly persons with sensory impairments may be inappropriately labeled as senile and discounted as witnesses. Minor injuries can produce serious consequences for older persons, and the pace and procedures of hospital emergency rooms may overwhelm them. In many instances, elderly persons live on fixed incomes, which makes financial losses and bills incurred as a result of victimization a greater hardship.

To lessen the trauma and improve the treatment of the elderly and all victims, the Office for Victims of Crime has undertaken the following tasks:

Training.—The Office is working closely with a number of national criminal justice professional organizations to develop and deliver training to police officers, sheriffs, judges, prosecutors and defense attorneys, etc., on victim issues and needs. Sensitivity to the particular needs of elderly crime victims will be stressed. The office is also holding discussions with several professional organizations to develop programs to sensitize hospital personnel to the needs and fears of victims, particularly the elderly and children.

Legislation.—The office is reviewing draft model legislation which would require victim impact statements at sentencing; require restitution in all cases, except where specific exceptions are made; provide for payment of costs resulting from the forensic medical examination of sexual assault victims; and protect against disclosure of victims' addresses and phone numbers.

The Victims of Crime Act of 1984 authorizes Federal financial assistance to state victim compensation programs, state victim assistance providers, and increased services for victims of Federal crimes. The Office for Victims of Crime is currently developing procedures for the administration and distribution of funds under this legislation. Assistance provided by this Act will increase the funds available to compensate victims and enhance services available to them.

National Victims Resource Center (NVRC).—The office is developing the data base which will serve as the Federal clearinghouse for all information concerning victim/witness assistance, victim compensation programs, and organizations, that provide services for crime victims and witnesses.

Data is being collected on existing programs and projects that assist crime victims and witnesses. The NVRC will serve as a liaison and provide coordination among national, State, local, and private-sector organizations working to improve services for victims and witnesses. It will monitor the status of compensation programs and victim/witness legislation. A directory of programs and experts in the field is maintained by the NVRC to facilitate communication and the transfer of expertise and to refer victims to appropriate services and resources.

ATTORNEY GENERAL'S TASK FORCE ON FAMILY VIOLENCE

The Attorney General's Task Force on Family Violence conducted six regional hearings during which hundreds of professionals with expertise in the area testified, as did a similar number of victims of child abuse and molestation, spouse abuse, and abuse of elderly family members. Senior citizens came forward and provided testimony to the Task Force that vividly depicted their lives as victims of physical, emotional and financial abuse from their own children. In addition, the Task Force reviewed relevant research material and visited a number of treatment facilities programs.

The final report was presented to the Attorney General on September 19, 1984. The report describes the complexity and tragedy of family violence and makes 63 specific recommendations on how we can more effectively deal with this serious national problem. A number of the recommendations specifically address violence directed toward elderly family members, and the Special Considerations section contains a recommendation for grandparents' rights. Additionally, the report includes several recommendations urging further research to determine the most effective reporting methods and intervention techniques in cases of elder abuse. The research recommendations are very significant because the Task Force found a definite lack of data regarding occurrences of elder abuse, uncertainty and inconsistency in reporting requirements, and an apparent lack of intervention or treatment programs.

The Justice Department is committed to improving the treatment of victims in the criminal justice system, and a division of our Office for Victims of Crime will be devoted to victims of family violence. This office will be working with other Federal, State, and local agencies, professional organizations, and civic groups to assist in implementing the recommendations of the Task Force report. Although we have not yet developed specific programs or research efforts, the Office of Justice Programs will make considerable efforts to have a program and research efforts for elderly family members who are victims of violence within the family.

CRIME AND THE ELDERLY

The data gathered by the Bureau of Justice Statistics' National Crime Survey show the rates of crime against the elderly are less than other age groups in America. However, BJS reports that the trauma and economic impact of crime may weigh far more heavily on the elderly, leading them to take precautionary measures that can only impoverish their lives. By altering their lifestyles to minimize a special vulnerability to crimes, the elderly are forced to accept unwarranted limits on their freedom because of the fear of violence.

The latest BJS data found that the ratio of robberies to assaults was 92 to 100 among the elderly compared to about 24 to 100 among younger persons. This shows that the elderly suffer about as many robberies as assaults. In spite of the comparatively low victimization rates among the elderly, this may suggest that the elderly are particularly susceptible to personal crime that is motivated by the opportunity for economic gain.

Other data collected by the Bureau show that the ratio of certain more serious crimes to less harmful crimes has been higher among the elderly than among younger persons. The reason for this may be the differences between the two groups in occupation, lifestyle, exposure to threatening situations, and patterns of property ownership.

Another finding in one of the Bureau's studies is that three-fourths of all personal crime against the elderly were common thefts—86 percent of these thefts were personal larcenies without contact between victim and offender. The other 14 percent were divided between purse snatchings and pocket pickings.

PROMOTING CRIME PREVENTION COMPETENCE

Research has shown that efforts to enhance the crime prevention competence of the elderly can reduce both the incidence and fear of victimization among the elderly by increasing their level of knowledge and the effectiveness of their crime prevention behavior.

The National Institute of Justice is sponsoring research to identify those media and nonmedia strategies useful in reducing inappropriate levels of fear and in promoting the adoption of appropriate protective measures. Recommendations based on the research are anticipated in the Fall of 1986.

REDUCING THE FEAR OF CRIME

An experiment by the National Institute of Justice designed to reduce the fear of crime in inner-city neighborhoods and possibly affect the crime rate itself was recently concluded. One activity instituted in Newark and Houston was a neighborhood newsletter in which crimes against the elderly received attention. From the evolution it appears that the reporting of such crimes did not increase anxiety and that the citizens were receptive to information about crime prevention.

REDUCING THE TRAUMA AND VICTIMIZATION

Crime victims suffer from injuries that may include economic loss, physical harm and psychological trauma. What may be an appropriate response for the injuries of younger victims may not be as effective for the elderly. Research by the National Institute of Justice is examining the long term effects of victimization and the various approaches for reducing these effects. The results of these studies will enable practitioners to respond better to the needs of elderly victims and their families.

FOSTER GRANDPARENTS AND RETIRED SENIOR CITIZENS

The Office of Juvenile Justice and Delinquency Prevention is jointly supporting with ACTION a unique juvenile delinquency prevention project involving retired senior citizens and volunteers in the Foster Grandparents Program. Under the project, volunteer senior citizens and members of the Foster Grandparents Program are assigned two delinquent youths whom they see 2 hours a day, 5 days a week. The senior citizens offer counseling and guidance, help with school work, accompany the youths on field trips, and generally provide moral support. The program not only helps the delinquent youths, but also the senior citizen volunteer—many of whom feel they have nothing to do after retirement and sense a loss of direction in their lives.

CRIME PREVENTION

The Office of Justice Programs supports the National Citizens' Crime Prevention Campaign, which seeks to promote citizen participation in crime prevention activities and provides information—through public service advertising and published materials—on how citizens can protect themselves from crime. The campaign features the floppy-eared dog named McGruff who urges the public to help "Take A Bite Out of Crime" by participating in neighborhood block watches, citizen patrols, escort services for the elderly, and other activities and by taking simple precautions. For example, these suggestions are offered to senior citizens:

—Have Social Security or retirement checks sent directly to your checking or savings account.

—Senior citizens and youth should look out for one another, and senior citizens can help working parents by watching for their children after school. Some communities have senior citizens who have formed neighborhood patrols and watch out for the children as they travel to and from school. This interrelationship has restored trust and friendship among the elderly and the youth in many communities.

—Ask a friend to go with you when you go out. Some communities have "Dial-A-Ride" minibuses especially for senior citizens who would otherwise have to travel alone.

—Never trust strangers or casual acquaintances who tell you how you can "get rich quick" or who ask you to give them large sums of money, even for what seem to be good reasons. Don't be taken in by their warmth or friendliness you may never see your money again.

The campaign publishes a number of informational booklets, including "Senior Citizens Against Crime." The booklets and additional information about the Campaign can be obtained by writing McGruff, Box 6000, Rockville, MD 20850.

PUBLICATIONS

The JAA Agencies (formerly the JSIA Agencies) have produced a number of publications relating to crimes against the elderly and programs to combat these crimes. Some of these are: Crime Against the Elderly in 26 Cities, Crime and the Elderly, Crime Prevention Handbook for Senior Citizens, Crime Prevention Through Environmental Design, Crime Victim Compensation, Criminal Justice and the Elderly: Selected Bibliography, Partnerships in Neighborhood Crime Prevention, and Serving Victims of Crime. Copies of these publications are available from the National Criminal Justice Reference Service, Box 6000, Rockville, MD 20850.

ITEM 10. DEPARTMENT OF LABOR

JANUARY 9. 1985.

DEAR MR. CHAIRMAN. Enclosed is a summary of the programs and activities of the Department of Labor for fiscal year 1984 related to aging.

Described in the report are programs administered by the Employment and Training Administration, the Employment Standards Administration, and the Office of Pension and Welfare Benefit Programs.

I trust this information will be of assistance to you in preparing your report, "Development in Aging."

Sincerely,

FORD B. FORD, *Under Secretary.*

Enclosure.

EMPLOYMENT AND TRAINING ADMINISTRATION

INTRODUCTION

The Department of Labor's (DOL's) Employment and Training Administration (ETA) provided a variety of training, employment, and related services for the Nation's older individuals during fiscal year 1984 through the following programs and activities: the Senior Community Service Employment Program (SCSEP); programs authorized under the Job Training Partnership Act (JTPA); the Federal-State Employment Service System; and research and demonstration efforts.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

The Senior Community Service Employment Program (SCSEP), authorized by title V of the Older Americans Act, employs low-income persons age 55 or older in wide variety of part-time community service activities such as health care, nutrition, home repair and weatherization programs, and in beautification, fire prevention, conservation, and restoration efforts. Program participants work an average of 20 hours per week in schools, hospitals, parks, community centers, and in other Government, and private nonprofit facilities. Participants also receive personal and job-related counseling, annual physical examinations, job training, and in many cases, referral to regular jobs in the competitive labor market.

Over three-fourths, of the participants are age 60 or older, and nearly half are age 65 or older. Over 60 percent are female, over half have not completed high school, and over 80 percent have a family income below the poverty line.

The fiscal year 1983 appropriation for SCSEP provided a total of 62,500 job opportunities at a cost of $319.4 million. Table 1 shows SCSEP funding, enrollment, and participant characteristics for the program year July 1, 1983 to June 30, 1984.

TABLE 1.—*Senior Community Service Employment Program (SCSEP): Funding, enrollment, and participant characteristics—program year July 1, 1983 to June 30, 1984*

Funding	$319,450,000
Enrollment:	
Authorized positions established	62,500
Unsubsidized placements	12,458
Characteristics (percent):	
Sex:	
Male	34
Female	66
Educational status:	
8th grade and less	31

9th through 11th grade	21
High school graduate or equivalent	32
1-3 years of college	12
4 years of college or more	5
Veteran	14
Ethnic group:	
White	65
Black	23
Hispanic	8
American Indian/Alaskan Native	2
Asian/Pacific Islands	3
Economically disadvantaged	100
Poverty level or less	83
Age:	
55-59	24
60-64	29
65-69	22
70-74	16
75 and over	9

Source: U.S. Department of Labor, Employment and Training Administration.

JOB TRAINING PARTNERSHIP ACT (JTPA) PROGRAMS

The Job Training Partnership Act (JTPA) became fully operational on October 1, 1983. JTPA, which replaced the Comprehensive Employment and Training Act (CETA), provides job training and related assistance to economically disadvantaged individuals, dislocated workers, and others who face significant employment barriers. The ultimate goal of JTPA is to move trainees into permanent, self-sustaining employment. Under JTPA, Governors have approval authority over locally-developed plans and are responsible for monitoring local program compliance with JTPA. In addition, JTPA created a new public/private partnership to plan and design training programs as well as to deliver training and other services. Private industry councils, in partnership with local government in each service delivery area are responsible for providing guidance for and oversight of job training activities in the area. Employment and training programs under JTPA call for a central and meaningful role for the private sector; real training for real jobs; management at the State and local levels; and increased attention on program performance.

JTPA places emphasis on increasing the post program employment and earnings of economically disadvantaged and displaced workers. Seventy percent of the funds available to a service delivery area are required to be spent on training. Not more than 15 percent can be spent for the cost of administration, and not more than 30 percent may be spent for the costs of administration and supportive services.

Basic JTPA Grants

Title II-A of JTPA authorizes a wide range of training activities to prepare economically disadvantaged youth and adults for unsubsidized employment. Training services available to eligible older workers through the basic title II-A grant program may include activities such as on-the-job training, institutional and classroom training, remedial education and basic skills training, and job search assistance and counseling. Table 2 shows the numbers of persons 45 years of age and over who participated in the title II-A program during the period October 1, 1983 through June 30, 1984.

TABLE 2.—JTPA ENROLLMENT, OCT. 1, 1983-JUNE 30, 1984 (TITLE II-A GRANTS)

Item	Number served	Percent
Total participants	585,800	100
45 to 54 years	29,300	5.0
55 years and over	11,700	2.0

Source: U.S. Department of Labor, Employment and Training Administration.

Programs for Dislocated Workers

Title III authorizes a State-administered dislocated worker program which provides training and related employment assistance to workers who have been, or have received notice that they are about to be, laid off due to a permanent closing of a plant or facility; laid-off workers who are unlikely to be able to return to their previous industry or occupation; and the long-term unemployed with little prospect for local employment or reemployment. Those older workers eligible for the program may receive such services as job search assistance, retraining, pre-layoff assistance and relocation. During the period October 1, 1983 through June 30, 1984, approximately 3,500 individuals 55 years of age and over went through the program (7 percent of program terminations).

Section 124 Set-Aside

Section 124 of JTPA calls for 3 percent of the title II–A allotment of each State to be made available for the training and placement of older individuals in employment opportunities with private business concerns. This provision specifies that only economically disadvantaged individuals who are 55 years of age or older are eligible for services funded from this setaside.

JTPA offers wide discretion to the Governors in using the set-aside. Two major patterns have evolved. One is its use for organizationally distinct older worker projects in a manner similar to the categorical separation of SCSEP programs from the rest of the JTPA system. The other is the use of the set-aside as resources for title II–A programs to ensure a minimum portion of older workers among title II–A participants, without the creation of separate programs for older workers. In some States, all or part of the set-aside is formula-funded to service delivery areas. In other States, it is used for administration at the State level for model programs, or for both purposes.

THE FEDERAL-STATE EMPLOYMENT SERVICE SYSTEM

The national system of public employment offices offers employment assistance to all jobseekers, including middle-aged and older jobseekers. Services may include job placement, employment counseling, occupational testing, job development, job search assistance, labor market infomation and referral to training and employment programs administered by State and local governments.

As of June 30, 1984 (latest available data), State employment service agencies place about 375,800 individuals 40 years of age and over in jobs (41 percent of all older workers referred to job openings by the Employment Service). In addition, about 40,200 older individuals were placed through job development efforts, representing about 11 percent of all applicants 40 years of age and over placed in jobs. About 11 percent of all older applicants were referred to other agencies for services to enhance their employability. Table 3 shows details of employment service activities to assist older workers through the third quarter of fiscal year 1984.

TABLE 3.—EMPLOYMENT SERVICE ACTIVITIES TO ASSIST OLDER WORKERS, 3D QUARTER OF FISCAL YEAR 1984 (THROUGH JUNE 30, 1984)

Services provided by State employment service agencies	Individuals served		
	Total	Age 40 and over	Age 55 and over
New applicants and renewals	11,899,136	2,453,756	693,317
Individuals referred to job openings	5,260,143	923,338	243,132
Individuals placed in a job	2,404,991	375,755	102,721
Individuals counseled	485,240	115,027	30,782
Individuals placed after counseling	92,430	17,786	4,352
Individuals tested [1]	443,229	67,960	11,487
Individuals referred to supportive services	983,072	269,513	80,325

[1] Aptitude, proficiency, and other testing.

Source: U.S. Department of Labor, Employment and Training Administration.

RESEARCH

In fiscal year 1984, the sixth in a series of comprehensive reports was issued, based on the National Longitudinal Survey's analysis of the labor market experience of older men.[1] The present volume presents an overview of the sample of men who were age 45 to 59 when the study began in 1966; an analysis of the mortality rates of the original sample; the volume and pattern of retirements from 1966 to 1981; an analysis of the trends in retirement expectations and occurrences; a discussion of the extent of economic well-being in retirement; an analysis of the leisure activities and social behavior of the sample; an examination of the psychological and physical effects of retirement; and a description of full-time work beyond the age of retirement.

In addition, ETA has prepared for transmittal to the Congress a report required by section 502(e)(3)(C) of the Older Americans Act, on experimental projects for second career training for participants in SCSEP.

OFFICE OF PENSION AND WELFARE BENEFIT PROGRAMS

INTRODUCTION

The Office of Pension and Welfare Benefit Programs (OPWBP) is responsible for enforcing the Employee Retirement Income Security Act (ERISA). OPWBP's primary responsibilities are for the reporting and disclosure and fiduciary provisions of the law.

Employee benefit plans, generally maintained by employers or by employers and unions, must meet certain standards set forth in ERISA. These standards are designed to insure that an employee actually will receive the benefit promised under the plan. ERISA applies only to private sector plans.

The requirements of ERISA differ according to whether the benefit plan is a pension plan or a welfare plan. Both pension plans and welfare plans must comply with certain provisions of ERISA governing reporting and disclosure to the Government and to participants (title I, part I) and fiduciary responsibility (title I, part 4). Pension plans must comply with additional ERISA standards (contained in both title I, parts 2 and 3, and title II) including who must be allowed to be a member of a plan (participation), when a participant's right to a benefit becomes nonforfeitable (vesting), and how the employer is to finance benefits offered under the plan (funding).

The Departments of Labor and the Treasury have responsibility for administering the provisions of title I and title II, respectively, of ERISA. The Pension Benefit Guaranty Corporation (PBGC) is responsible for administering title IV, which establishes an insurance program for certain benefits provided by specified ERISA pension plans.

REPORTING AND DISCLOSURE STANDARDS

ERISA requires that plans disclose to participants and report to the Federal Government information about plan provisions and financial status. Certain plans must submit an annual report. The report is a financial statement; defined benefit plans must also submit a certified actuarial report. The report generally includes a statement of plan assets and liabilities, a statement of the transactions involving conflict of interest situations, and other information regarding the administration of the plan. Annual report forms are simplified for small plans, and a number of paperwork reductions have been instituted since ERISA's passage in 1974.

The annual report is submitted to the Internal Revenue Service (IRS) and shared by the ERISA agencies. In fiscal year 1984, DOL received 561,000 annual reports. This information is used for enforcement and research. The plan administrator also submits the annual report to plan participants and furnishes participants, beneficiaries and DOL with a summary plan description (SPD) written to be understood by the average person. The SPD contains a description of benefits, the requirements for eligibility and procedures for presenting claims for benefits. In addition, participants may request, or, in some cases must receive, a statement of their individual benefits.

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[1] Retirement Among American Men, Center for Human Resource Research, the Ohio State University, August 1984.

MINIMUM STANDARDS FOR PARTICIPATION AND VESTING

IRS, for the most part, enforces the ERISA minimum standards. ERISA sets forth certain standards regarding the age and service requirements which an employee can be required to have completed before being allowed to participate in the employer's pension plan. The basic rule is that an employee cannot be denied membership in the plan, merely on account of age or service, if he or she is at least 25 years old and has worked for the employer for one year.

Certain other ERISA provisions govern when a plan participant must gain a nonforfeitable right to that portion of the retirement benefit provided by the employer's contributions to the plan. (The participant's own contributions are always nonforfeitable). In this regard, the plan must provide that an employee gains a nonforfeitable right to this portion of his or her retirement benefit according to a schedule which is not less generous than one of the four set forth in ERISA. ERISA also contains rules on the rate at which participants must be allowed to "accrue" a benefit, i.e., the rate at which they are considered to have "earned" a portion of their ultimate retirement benefit. These standards basically are relevant to pension plans which provide participants a certain periodic payment upon retirement.

MINIMUM FUNDING STANDARD

ERISA sets forth rules for financing the pension benefits of plans which promise participants a defined periodic payment upon retirement. In plans of this type, the employer's contributions are determined actuarially. Certain assumptions are used concerning mortality, interest, and turnover to calculate how much is needed in order to insure sufficient funds to provide for the benefits promised by the plan. ERISA provides rules governing what types of acturial assumptions and funding methods are appropriate and establishes penalties for failure to comply with these standards. These funding rules are enforced by IRS.

FIDUCIARY STANDARDS

ERISA sets certain standards regarding the investment and utilization of plan assets with which fiduciaries of employee benefit plans must comply. These standards include that plan assets be invested "solely in the interest" of plan participants and beneficiaries and that plans be maintained for the exclusive benefit of the participants and their beneficiaries. ERISA provides that fiduciaries adhere to standards regarding the safeguarding and diversification of plan assets that would be followed by a "prudent" investor. ERISA also set forth certain rules governing activities that (unless specifically exempted) may not be carried out by certain individuals and groups (including fiduciaries) who, because of having a potential conflict of interest with the plan, might cause the plan to operate in the interests of themselves rather than in the interests of the plan participants and beneficiaries. These activities are known as "prohibited transactions," and persons who violate them are subject to a tax imposed by IRS.

Civil actions may be brought by the Secretary of Labor or plan participants and beneficiaries for a breach of fiduciary duty. DOL places great emphasis on enforcing these fiduciary provisions. In fiscal year 1984, it recovered over $92 million for employee benefit plans through a combination of litigation and voluntary compliance. Under voluntary compliance, breaches of fiduciary duty are corrected through voluntary settlement agreements with plan officials. More than $49 million was recovered through voluntary compliance and more than $43 million through litigation. Potential criminal violations are referred to the Inspector General's Office of Labor Racketeering for investigation and ultimately may be referred to the Attorney General of the United States for prosecution.

PLAN TERMINATION INSURANCE

Title IV of ERISA establishes a benefit insurance program administered by PBGC, an independent nonprofit entity with a board of directors consisting of the Secretaries of Labor, Commerce, and the Treasury. This insurance program is applicable only to pension plans which promise a defined benefit upon a participant's retirement. Employers who maintain these plans are required to pay a per-participant premium to PBGC to finance this coverage.

The guarantee program differs according to whether the plan is a single-employer plan or one maintained by more than one employer. In the case of a single-employer plan, PBGC will guarantee, to a prescribed level, the payment of a participant's nonforfeitable benefit if the plan terminates with insufficient assets to meet its obligations to pay these benefits. In the case of a multiemployer plan, PBGC guarantees benefits at a prescribed level lower than in the single-employer situation. In this case, however, it is the inability of the plan to pay participants their guaranteed amounts rather than termination that triggers financial assistance.

In fiscal year 1984, PBGC received termination notices from approximately 7,700 defined benefit pension plans. Of these, PBGC will serve as trustee to 107 plans bringing the total number of plans for which PBGC has served as trustee to nearly 1,100, since the beginning of the program in 1974. These 107 plans cover approximately 160,000 participants. Of these participants, 70,000 are currently receiving benefit payments. The other 90,000 will be eligible to receive benefits at some time in the future.

RESEARCH AND DEVELOPMENT

OPWBP conducts a coordinated program of research through contracts and inhouse studies. The research program develops data on employee benefit plans which can be used as the basis for program modifications or policy decision. It also analyzes economic issues related to retirement decisions and income. The following studies were completed in fiscal year 1984:

(1) Voluntary terminations of defined benefit plans,

(2) The funding status of multiemployer plans and implications for collective bargaining, and

(3) Estimates of participant and financial characteristics of private pension plans.

The following research contracts were awarded in fiscal year 1984:

(1) A study of the investment behavior of private pension funds; and

(2) Data entry and validation of pension and welfare plan data.

INQUIRIES

OPWBP publishes literature and audio-visual materials which in some depth explain provisions of ERISA, procedures for plans to effect compliance with the act, and the rights and protections afforded participants and beneficiaries under the law. In addition, OPWBP deals with many inquiries from older workers. During fiscal year 1984, the national office staff responded to over 35,000 inquiries from plan participants, beneficiaries and other persons interested in the administration of plans. Among the publications disseminated, the following ar designed exclusively to assist the public in understanding the law and how their pension plans operate:

—What You Should Know About The Pension And Welfare Law (English and Spanish versions).
—Know Your Pension Plan.
—How To File A Claim For Benefits.
—Often Asked Questions About ERISA.
—Women and Pension Equity.
—Assistance Directory for Participants and Beneficiaries.

EMPLOYMENT STANDARDS ADMINISTRATION

SUMMARY

On July 1, 1979, the Equal Employment Opportunity Commisssion (EEOC) assumed enforcement responsibilities previously carried out by DOL under the Age Discrimination in Employment Act of 1967 (ADEA) as amended. DOL continues to have authority for research and education functions under section 3 of ADEA. ADEA prohibits employment discrimination on the basis of age in private sector and State and local government employment. Two amendments to ADEA, and a law ratifying the authority of EEOC to enforce the ADEA, were enacted in 1984.

One amendment extended converage under ADEA to employees of U.S. employers in workplaces in a foreign country. However, it is not unlawful for such an employer to take any action prohibited by ADEA where compliance with ADEA would cause the employer to violate laws of the country in which the workplace is located.

The second amendment raised from $27,000 to $44,000 the annual private retirement benefit level for the bona fide executive or high policymaking position exemption. Thus, executives in policy position whose retirement benefits would be $44,000 or more can be mandatorily retired at age 65; those not meeting these criteria cannot be mandatorily retired until age 70.

As a result of two recent judicial decisions, Congress enacted and the President approved, legislation ratifying existing reorganization plans. In 1983, the Supreme Court ruled that congressional use of the one-house veto of a Presidential action was unconstitutional. As a result, in August 1984, the Second Circuit Court of Appeals ruled unconstitutional the 1979 reorganization plan (containing a one-house veto provision) which transferred administration of ADEA from DOL to EEOC. The Court made its decision effective December 31, 1984. However, on October 19, 1984, the President signed into law Public Law 98-532 which retroactively cured existing reorganization plans which had been affected under reorganization acts containing one-house veto provisions. This law thus avoided reversion of ADEA enforcement authority from the EEOC to DOL.

ITEM 11. DEPARTMENT OF STATE

JANUARY 10, 1985.

DEAR MR. CHAIRMAN: Thank you for your letter of October 17, 1984, requesting a report from the U.S. Department of State chronicling activities on behalf of older Americans. Attached is a summary report and a copy of resolution A/C.3/39/L.13 referenced in the attached report.

Sincerely,

W. TAPLEY BENNETT, Jr.,
Assistant Secretary,
Legislative and Intergovernmental Affairs.

Attachments.

At the 39th General Assembly of the United Nations, the United States cosponsored a resolution (A/C.3/39/L.13) reaffirming the November 22, 1983 resolution (30/27) calling upon governments to make efforts to implement the principles contained in the Vienna International Plan of Action on Aging. This resolution, presented in October 1984, also reaffirmed the UNGA resolution of December 3, 1982 (37/51) requesting the Secretary-General to continue to use the United Nations Trust Fund for the World Assembly on Aging while inviting governments to continue and/or increase their contributions to the Trust Fund. Resolution A/C.3/39/L.13 was adopted.

The Department of State continues to promote the implementation of the Plan of Action on Aging through exchange of information and other intergovernmental activities in the field of aging. The Department also invites nongovernmental organizations concerned with issues on aging to engage in cooperative efforts to implement the various objectives of the Plan of Action.

The Department of State conducts liaison with the Department of Health and Human Services (HHS) on programmatic activities since HHS has the primary responsibility for categorical human services programs.

UNITED NATIONS GENERAL ASSEMBLY

RESOLUTION A/C.3/39/L.13

Question of Aging

Austria, Bangladesh, Bolivia, Chile, Colombia, Cyprus, Costa, Rica, Dominican, Republic, Egypt, Germany, Federal Republic of, Greece, Guatemala, Jordan, Mali, Malta, Morocco, Pakistan, Philippines, Romania, Samoa, Spain, Suriname, Thailand, United States of America, Uruguay and Venezuela: draft resolution

The General Assembly,

Reaffirming its resolution 38/27 of 22 November 1983 in which it called upon Governments to make efforts to implement the principles and recommendations contained in the Vienna International Plan of Action on Aging in accordance with their economic, social and cultural systems and social values and changes, taking into account the circumstances of each country,

Reaffirming its resolution 37/51 of 3 December 1982 in which it requested the Secretary-General to continue to use the United Nations Trust Fund for the World Assembly on Aging so as to assist countries, in particular developing contries and least developed countries, in formulating and implementing policies and programmes for aging in order to meet the rapidly increasing needs of older persons,

Recognizing the role played by the United Nations and the specialized agencies through their efforts in the field of aging and the need to strengthen this role, especially at the regional level, in order to ensure the implementation of the Plan of Action and the systematic and efficient functioning of the technical advisory and coordination services of the United Nations,

Recalling recommendation 58 of the Recommendations for Further Implementation of the World Population Plan of Action, adopted at the 1984 International Conference on Population which urged Governments to make further efforts to analyse the issue of aging, particularly its implications for overall development, social services, medical care and other related fields,

Reconfirming that aging is a population issue which affects development and is affected by it,

Recognizing the increasing awareness of aging issues in many countries and of the need to provide national authorities, at their request, with technical and financial assistance in their efforts to implement policies and programmes,

Stressing the importance of the activities of the Trust Fund for the World Assembly on Aging towards the realization of the goals and objectives of the Vienna International Plan of Action on Aging,

Acknowledging that aging is an interdisciplinary issue and that the United Nations and the specialized agencies must ensure a well coordinated international response to this question,

Confident that the first review of the Vienna International Plan of Action on Aging, to be undertaken by the Commission for Social Development at its twenty-ninth session in 1985, will be of considerable value in view of further measures with regard to the question of aging,

Noting with satisfaction that the question of older women will be considered at the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women in 1985,

Noting that the Vienna Plan of Action recognizes the relationship between aging and youth, particularly as it relates to intergenerational matters,

Appreciating the role of nongovernmental organizations in promoting international awareness and action to the issues of aging,

1. *Takes note* of the report of the Secretary-General on the question of aging.

2. *Calls upon* Governments to consider the changing age structure of the population in their plans for economic and social development.

3. *Invites* Governments to retain or establish appropriate mechanisms at the national level to promote an effective and coordinated response to the implementation of the principles and the recommendations of the Vienna Plan of Action.

4. *Requests* the Secretary-General to continue his efforts for the implementation of the Vienna International Plan of Action on Aging at the national, regional and international level and to continue to promote the Trust Fund so as to assist countries in formulating and implementing policies and programmes for aging.

5. *Invites* Governments to continue, and increase when possible, their contributions to the Fund and calls upon Governments that have not yet done so to consider contributing to the Fund.

6. *Requests* the Secretary-General to continue to promote the exchange of information and experience in order to stimulate progress in the field of aging and to encourage the adoption of measures to respond to the economic and social implications of aging and to meet the needs of older persons.

7. *Urges* the Secretary-General to include advisory services to developing countries that request them in technical co-operation programmes to the extent feasible under the funding of those programmes.

8. *Also requests* the Secretary-General to continue to promote, in co-operation with the national committees concerned, joint activities in the field of aging and youth, particularly as they relate to intergenerational matters, especially during the International Youth Year, 1985.

9. *Further requests* the Secretary-General to ensure a well coordinated system-wide response in implementing the provisions of the Plan of Action on Aging.

10. *Urges* the United Nations Fund for Population Activities, in cooperation with all organizations for international population assistance, to continue its assistance, within its mandate, in the field of aging, particularly in developing countries.

11. *Invites* the regional commissions and specialized agencies to continue contributing to the realization of the Plan of Action on Aging.

12. *Invites* the nongovernmental organizations concerned to join in the co-operative effort to implement the Plan of Action and and accomplish its objectives.

13. *Requests* the Secretary-General to report to the General Assembly at its fortieth session on measures taken to implement the present resolution, taking into consideration the first review of the Vienna International Plan of Action on Aging to be undertaken by the Commission for Social Development in 1985.

14. *Decides* to include in the provisional agenda of its fortieth session the item entitled "Question of Aging."

ITEM 12. DEPARTMENT OF TRANSPORTATION

DECEMBER 5, 1984.

DEAR MR. CHAIRMAN: I am pleased to forward to you the enclosed report which summarized significant actions taken by this Department during 1984 to improve transportation facilities and services for older Americans. The report is being forwarded to you in response to your recent letter to Secretary Dole, requesting information for part 2 of the committee's annual report, Development in Aging. I hope you will find this information helpful.

If we can assist you further, please let us know.

Sincerely,

MATTHEW V. SCOCOZZA,
Assistant Secretary for
Policy and International Affairs.

Enclosure.

SUMMARY OF ACTIVITIES TO IMPROVE TRANSPORTATION SERVICES FOR THE ELDERLY

INTRODUCTION

The following is a summary of significant actions taken by the U.S. Department of Transportation during 1984 to improve transportation for elderly persons.[1]

REGULATIONS

Urban Mass Transportation Administration

Section 19 of the Urban Mass Transportation Act of 1964, as amended, prohibits discrimination on the basis of race, color, creed, national origin, sex, or age in service delivery, employment, and business opportunities by recipients of Urban Mass Transportation Administration (UMTA) funds. At the present time, UMTA utilizes other issuance to implement requirements concerning equal opportunity, minority business enterprise and title VI of the Civil Rights Act of 1964. In an effort to consolidate various civil rights requirements UMTA is preparing to issue a Notice of Proposed Rulemaking in 1985 which should yield the following results: (1) Recipients becoming better informed of civil rights program requirements; (2) easier monitoring by UMTA of recipients' compliance; (3) improved opportunity for UMTA to evaluate recipients' program performance; and (4) improved opportunity for UMTA to take enforcement actions when necessary.

POLICIES

Federal Railroad Administration

Amtrak continued throughout fiscal year 1984 its systemwide policy of offering to handicapped and elderly persons a 25-percent fare discount on round trip purchases, subject to some restrictions. Senior citizen and handicapped passengers are permitted stopovers as part of their round trips, but are not permitted to combine their 25-percent discount with any other discounts.

Amtrak also provides on-demand special services, such as provision of wheelchairs and assistance in boarding and deboarding to elderly and handicapped passenger, who either inform the ticket agent of their needs at the time they book their reservations or call the rail road station in advance of their travel.

RESEARCH AND TECHNICAL ASSISTANCE

Federal Aviation Administration

The Federal Aviation Administration, the American Association of Airport Executives, the Air Transport Association and the Airport Operators Council International served on a task force which highlighted the confusion created among travelers by the proliferation of signs at airports and produced a publication entitled "Guidelines for Airport Signing and Graphics." The Federal Aviation Administration contributed to chapter 8 of the publication entitled "Accessibility for Handicapped at

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[1] Many of the activities highlighted in this report are directed toward the needs of handicapped persons. However, more than one-third of the elderly are handicapped and thus will be major beneficiaries of these activities.

Airports." Both publications should result in an improved environment in airports for elderly persons with vision and mobility impairments.

Federal Highway Administration

The Federal Highway Administration completed a study entitled "Traffic Safety and Exposure of Elderly Road Users." The study (1) determined a profile of traffic accidents involving the elderly, (2) developed measures of traffic hazard exposure for the elderly, and (3) developed accident rates for the elderly for given traffic volumes and situations.

FHWA published a guide entitled "Guidelines for Making Pedestrian Crossing Structures Accessible." The guide, which is based on a research study, identifies features which provide accessibility and those which help elderly and handicapped pedestrians to use crossing structures.

Urban Mass Transportation Administration

During 1984, the Urban Mass Transportation Administration (1) completed a report entitled use of volunteers in the Transportation of Elderly and Handicapped Persons; (2) published a series of articles in Nation's Cities Weekly, the weekly newsletter of the National League of Cities, on existing transportation services for the disabled; and (3) published a circular which provides a comprehensive source of guidance to states and nonprofit organizations concerning grant application procedures and program administration for the section 16(b)(2) program. Under section 16(b)(2) of the Urban Mass Transportation Act, the Urban Mass Transportation Administration provides assistance to private nonprofit organizations for the provision of transportation services for elderly persons and persons with disabilities.

ARCHITECTURAL BARRIER REMOVAL ACTIVITIES

Federal Highway Administration

The Federal Highway Administration (FHWA) continues to work with States to make safety rest areas and certain other facilities accessible to persons with disabilities in accordance with the Department's section 504 regulation. The states can use Federal-aid highway funds for this work. Virtually all rest areas on the Interstate System are accessible (although FHWA has granted a few short-term waives of accessibility requirements).

FHWA is also continuing to monitor the States' compliance with the Federal law requiring curb cuts at newly constructed pedestrian crosswalks and accessibility features on certain federally funded pedestrian facilities (title 23, United States Code, section 402(b)(1)(F) and Public Law 90-480).

Federal Railroad Administration

Amtrak is continuing to make modifications to its passenger railroad stations, vehicles, and services in line with Amtrak's transition plan submitted in accordance with the Department's regulation implementing section 504 of the Rehabilitation Act of 1973. All new Amtrak stations and rolling stock have been designed to be accessible to persons with disabilities.

CAPITAL ASSISTANCE

Urban Mass Transportation Administration

Under section 16(b)(2) of the Urban Mass Transportation Act, the Urban Mass Transportation Administration provides assistance to private nonprofit organizations for the provision of transportation services for the elderly and persons with disabilities. In fiscal year 1984, over $32 million were obligated under the section 16(b)(2) program. These funds were used to assist in the purchase of vehicles for the provision of transportation sevies for elderly persons and persons with disabilities.

Under section 18 of the Urban Mass Transportation Act, the Urban Mass Transportation Administration obligated $115 million to States. These funds were to be used for planning, capital, operating and administrative expenditures by State and local agencies, nonprofit organizations and operators of public transportation services in rural and urbanized areas under 200,000 population. While section 18 services must be open to the general public, a significant percentage of passengers served are eldely persons and persons with disabilities.

In July 1983, UMTA entered into an interagency agreement with the U.S. Administration on Aging (AoA). The goals of the AoA-UMTA agreement are (1) to increase the mobility of elderly and handicapped Ameicans by improving their access to public and specialized transportation systems in urban and rural areas; (2) to work toward the coordination of public mass transportation services and facilities with special transportation services for the elderly and handicapped; and (3) to work toward the pooling of health and social service program resources available to states and communities.

One of the results of the working agreement was the first AoA and UMTA National Conference for Elderly and Handicapped Persons held in Orlando, Fla., in October 1984. The conference focused on ways to maximize the use of currently available programs.

The timing and location of the AoA-UMTA Conference was coordinated with the third International Conference on Mobility and Transport of Elderly and Handicapped Persons also held in Orlando, Fla. UMTA also participated in this conference which provided a cross cultural exchagne on the state of the art of transportation programs designed to enhance the mobility of elderly and handicapped persons.

DEMONSTRATIONS

Federal Highway Administration

The cities of Baltimore, New Orleans, and Seattle, have developed elderly and handicapped pedestrian accessibility networks. Each city produced a final report in 1984 on how its network was developed. In 1985, FHWA will use the cities' experiences to update its "Priority Accessible Networks" manual. The cities used an earlier version of the manual in planning their pedestrian networks. FHWA also expects to prepare a slide-tape presentation in 1985 illustrating the accessibility problems encountered and how they were solved.

INFORMATION DISSEMINATION

Office of the Secretary

The Department has continued its support of the multi-State Transportation Accounting Consortium (TAC). TAC's original six member States perfected a series of techniques to streamline the accounting and administrative processes of transportation systems serving elderly and handicapped persons and/or rural residents. With funding by the Urban Mass Transportation Administration and oversight by the Office of the Secretary (OST) the group has now worked with other States to share and implement these simplified record-keeping procedures. Some 20 States have now been involved in TAC's technical assistance and training activities.

Florida and Colorado have now been admitted formally to the consortium project. In addition, the TAC summary report, Simplifying Human Service Transportation and Small Transit System Accounting, is being widely disseminated to State and local governments, social service agencies, and other organizations serving the transportation needs of special users.

The overview study referenced in last year's report, Transportation for Older Americans: Issues and Options for the Decade of the 1980's, has been completed and is now in its second printing. There is particular interest in the observations the study makes about the need to plan services for the frail elderly, particularly women over the age of 75.

To respond to continuing State and local government queries about vehicles to serve the needs of special users, the Office of the Assistant Secretary for Governmental Affairs arranged for reprints and distribution of two notable State studies on the topic. The Ohio Department of Transportation's Fiscal Year 1983 Vehicle Catalog provides an extensive overview of the kinds of small bus vehicles and supporting equipment items for them which are available. The Indiana Department of Transportation's Specification Guide for Small Transit Vehicles describes how to establish vehicle requirements to serve specific functions or users, and then how to translate them into procurement terms to get the needed vehicles. Both volumes are now being distributed through OST's Technology Sharing Program.

The Urban Mass Transportation Administration study report entitled Use of Volunteers in the Transportation of Elderly and Handicapped Persons is being distributed through the OST Technology Sharing Program. The study includes analyses of some 13 sites which enlist volunteers to help serve the elderly or handicapped in one function or another. Particularly notable was the information the study surfaced on "adopt-a-van" approaches, where local business or service organizations help cover the costs of particular vehicles, and are permitted to display their logos on the van or bus they help support.

The Technology Sharing Program, in cooperation with the U.S. Department of Health and Human Services (HHS), is now distributing a reprint of the HHS report Coordinated Transportation Demonstration Results. The document summarizes the results of five coordination demonstration results funded by HHS in the late 1970's, and attempts to provide guidance to other social service providers or transportation systems who want to coordinate their services. The document notes that some improvements in productivity or unit costs may result from coordination, but cautions against expecting any reduction in overall cost levels for services.

The Technology Sharing Program is now working with the convenors of the first AOA and UMTA National Conference on Transportation for the Elderly and Handicapped, and the third International Conference on Mobility and Transport of Elderly and Handicapped Persons to finalize and distribute summary publications based on both conferences. DOT technical reports and manuals on transportation for the elderly and handicapped were provided to both conferences, and distributed in their resource rooms. In addition, a summary document on last year's Sixth National Conference on Rural Public Transportation has been completed and disseminated.

Many operators of transportation services for elderly and handicapped persons are investigating microcomputers as one way to help simplify their recordkeeping and billing problems. Working with UMTA and FHWA, the Technology Sharing Program has provided assistance on microcomputer use to these groups. Such services have included a guide to selecting microcomputer hardware and software, a review of the use of standard financial and accounting packages in financial management, and some reviews of available software. The Technology Sharing Program has also been retooling some of the U.S. Coast Guard's work on office automation and end-user computing to make it available to a variety of audiences

The Technology Sharing Program continued to supply materials on transportation for the elderly and handicapped to State and regional technical assistance sessions, workshops, and conferences. States which have hosted sessions of this type have included Alabama, California, Colorado, Florida, Idaho, Indiana, Kansas, Montana, New Mexico, New York, Ohio, Pennsylvania, Texas, Washington State, West Virginia, and Wisconsin.

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

During 1984 the Driver Related Issues Subcommittee of the National Highway Safety Advisory Committee reviewed issues concerning elderly driver education, driver licensing, licensing revocation, driving capabilities affected by the aging process, and physical and mental licensing standards. A public meeting was held April 12–13, 1984, in Washington, D.C., to determine what steps need to be taken in specific areas such as licensing, retraining, research, and a delivery system for available information. The Subcommittee will prepare a final report which should be ready for publishing in February 1985.

Also in 1984, NHTSA funded the development of the "Safe Rides for Long Lives" program by the American Association of Retired Persons. The program is designed to encourage older adults to wear safety belts, and was made available for mass public distribution in August of 1984.

Early in fiscal year 1985, NHTSA plans to initiate a study to assess distribution channels for providing traffic safety information on safe driving and pedestrian safety to older individuals. Using the results of this project, NHTSA will develop formats based upon the needs and requirements of potential distributors. During April 1985, NHTSA plans to jointly sponsor, with the American Association of Motor Vehicle Administrators and other agencies and organizations dealing with the aged, a symposium on elderly drivers to determine short- and long-term research and program needs. The intent of the symposium is to focus attention upon the traffic safety problems of the aged.

ITEM 13. DEPARTMENT OF THE TREASURY

DECEMBER 13, 1984.

DEAR MR. CHAIRMAN: I am pleased to submit the Treasury's report for Developments in Aging on the Department's activities during 1984 which affected the aged. I hope our report will be of use to the Special Committee on Aging and others studying the problems faced by older Americans.

With best wishes.
Sincerely,

DONALD T. REGAN, *Secretary.*

Enclosure.

TREASURY ACTIVITIES IN 1984 AFFECTING THE AGED

The Treasury Department recognizes the importance and the special concerns of older Americans, a group that will comprise an increasing proportion of the population in decades ahead.

The Secretary of the Treasury is managing trustee of the Social Security trust funds. The short- and long-run financial status of these trust funds is presented in annual reports issued by the Trustees. The 1984 reports concluded that old-age and survivors insurance and disability insurance benefits can be paid on time well into the next century. The financial outlook for Medicare, in particular hospital insurance (or part A), may become troublesome in the next decade, however. In this event some congressional action may be needed in the next several years.

The part of Treasury with which many senior citizens have contact is the Internal Revenue Service (IRS). This is particularly true in 1984 because Social Security (and railroad retirement tier I) benefits are subject to Federal income tax for the first time. Information concerning the taxation of these benefits is described below as well as other IRS activities during 1984 directed toward helping persons 65 and over with their Federal income taxes. Activities of other Treasury agencies which affect older Americans are summarized in the last section of the report.

INTERNAL REVENUE SERVICE ACTIVITIES AFFECTING THE AGED

During the 1984 fiscal year, the Service took significant steps towards the implementation of Public Law 98-21, the Social Security Amendments of 1983. This law provides for taxation of some Social Security benefits beginning with the 1984 tax year and will have a significant effect on many older taxpayers. The Social Security Administration (SSA) estimates that approximately 41 million benefit statements will be issued to recipients for 1984. In addition, the Railroad Retirement Board (RRB) anticipates issuing one million benefit statements for the same period. Both agencies will begin mailing these statements in January 1985. As a result of these mailouts, IRS has developed an aggressive action plan and closely coordinated implementation of the new law with SSA and RRB. In addition, IRS has made every effort to anticipate needs and resolve problems as they arise. Among the major actions planned or completed are:

—Joint agency agreements with SSA and RRB were developed. These agreements clearly outline each agency's responsibilities and describe the type of inquiries each will handle. In addition, the agreements discuss interagency referral of normal and sensitive inquiries, establish agency liasions, and provide for joint taxpayer education initiatives with SSA. The latter includes joint SAA/IRS participation at Volunteer Income Tax Assistance (VITA) and Tax Counseling for the Elderly (TCE) sites.

—A Social Security Amendments taxpayer information module was issued in March 1984. The module includes seven news releases, a featurette, and five live copy radio spots.

—A special taxpayer information module is being personally delivered to major newspapers, radio and television stations. The module contains illustrations and detailed articles that can stand alone or be published in a series.

—A specialized package of information will be disseminated nationally to 3,800 "shopper" publications, 5,000 radio stations, and 320 television stations. The package sent to the publications will consist of camera ready copy tailored to the individual "shopper." The publicity efforts will begin just prior to the 1985 filing season and will continue through the filing season.

—Through an arrangement with the American Association of Retired People (AARP), IRS and SSA are preparing four articles to appear in AARP's national publication, the News Bulletin. The first two articles, to appear in the December and January issues, are specific and will enable readers to figure tax liability without calling IRS or SSA. The last two articles will provide an overview of the new laws and will discuss available IRS services and estimated tax payments. The News Bulletin has an estimated readership of over 17 million.

—IRS Notice 703 will be mailed to all Social Security recipients with SSA-1099. This notice is in the format of a worksheet and is designed to be used by recipients to determine the taxability of their benefits.

—IRS Publication 915, Tax Information on Social Security and Tier I Railroad Retirement Benefits was developed in cooperation with SSA and RRB. The publication covers the various aspects of the legislation in significant detail and will be used by each agency to provide assistance to those recipients requiring more detailed information.

The Internal Revenue Service places considerable emphasis on informing older Americans of their tax rights and responsibilities. IRS also continues to make special efforts to inform those individuals who, because of immobility, impaired health, or other factors, may miss out on benefits to which they are entitled unless IRS reaches them directly.

The Tax Counseling for the Elderly Program provides tax assistance to the elderly. The IRS contracts with organizations whose members will be trained and then act as volunteer tax assistors. Although the service is free to the taxpayer, under the contractual agreement the volunteers are reimbursed for their out-of-pocket expenses. IRS assistance to older Americans through the Tax Counseling for the Elderly Program has been growing since the program's inception in 1980. Fiscal year 1984 was another successful TCE year as the number of Federal income tax returns prepared by TCE volunteers increased by a substantial 25 percent over those prepared in 1983.

The Volunteer Income Tax Assistance Program provides tax assistance to targeted groups including the elderly. Volunteers are trained by the IRS and offer their services to taxpayers needing assistance. This service is free to the taxpayer. Many VITA volunteers also helped the elderly in preparing their state and local returns. In addition, volunteers helped elderly taxpayers in the computation of their estimated tax for the upcoming tax filing season.

The Small Business Workshop Program is designed to assist the taxpayer with information he/she may need to begin a business. Although the program is designed for the general public, the elderly can also avail themselves of this service.

As part of the Library Program the IRS supplies libraries with free tax aids such as reproducible tax forms, reference publications and audiovisual materials on the preparation of various tax forms and schedules. The elderly may take advantage of these items at any of the over 18,000 participating libraries.

Community Outreach Tax Assistance provides taxpayers with return preparation assistance and tax information seminars. These seminars are presented by IRS employees at community locations. Although directed to low and middle income taxpayers, issues affecting the elderly can be addressed at these sessions.

The Internal Revenue Service issues a large number of taxpayer information publications. Among the information in these publications of particular interest to older Americans:

—Publication 910, "Taxpayer's Guide to IRS Information, Assistance and Publications," describes the assistance available to taxpayers in resolving questions on notices, bills, letters, and the status of refunds or tax accounts. The publication also describes assistance available to the public, such as Tax Counseling for the Elderly, VITA, etc. A list of toll-free phone numbers, Tele-Tax phone numbers, Tele-Tax subjects and tape numbers have been included. It contains brief descriptions of the free taxpayer information publications and their related forms. Taxpayers needing these publications or forms may request them by using the convenient older blank on the inside back cover of Publication 910.

—A new publication was developed to assist taxpayers in determining the taxability, if any, of benefits received from Social Security and tier I railroad retirement. See Publication 915.

—Single taxpayers age 65 and over are not required to file a Federal income tax return unless their income for the year was $4,300 or more (as contrasted with $3,300 or more for single taxpayers under age 65). Married taxpayers who could file a joint return are not required to file unless their joint income for the year was $6,400 or more if one of the spouses was 65 or over, or $7,400 or more if both were 65 or over. All taxpayers age 65 or over get an extra personal exemption of $1,000. (Further information is contained in Publication 554.)

—Beginning in 1984, the rules for the credit for the elderly have changed. Individuals 65 and older continue to be able to take the credit. In addition, individuals under 65 who retired with a permanent and total disability and receive taxable income from a public or private employer because of that disability will be eligible for the credit. (More information is in Publication 524.)

—Persons 55 years of age or older are allowed a once-in-a-lifetime exclusion of up to $125,000 of the gain on the sale of their personal residence. (See Publication 523.)

—If both the taxpayer and his/her employer paid part of the cost of the taxpayer's pension or annuity, the taxpayer will not pay tax on the part of the pension or annuity that represents a return of the taxpayer's contribution. (Publications 567 and 575 contain more information.)

—Tax issues of particular interest to handicapped and disabled people are coverted in Publication 907.

All publications are available free of charge. They are also used extensively in taxpayer education programs, often in cooperation with organizations interested in the problems of retired persons.

The IRS uses the electronic and print media and specialized newsletters and organizations serving older Americans to communicate information of interest to the elderly.

—A one-hour program was broadcast to over 119 public television stations on March 22, 1984. This broadcast attracted 1.5 million viewers on tax topics of interest to people age 55 and older. The IRS tax assistance lines were staffed during the program so that viewers could call with their tax questions.

—A 30-second television and 30-second radio public service announcement on VITA, TCE, and Outreach Tax Assistance Programs. These have also been developed in Spanish.

—A 30-second television and 30-second radio public service announcement on tax information for Older Americans.

—The tax supplement consisting of various articles in camera ready copy has six articles specifically for the elderly.

Taxpayer Information modules have been developed and distributed to the field. Listed below are many of the subjects covered for the elderly:

—Once-in-a-lifetime exclusion of gain on sale of residence.
—Extra exemptions for 65 and over.
—Federal tax withholding on pension payments begin.
—IRS cautions senior citizens: Check if you're not sure.
—Retirees should review tax status of pensions, annuities.
—Special tax advice for senior citizens.
—Retired taxpayers can avoid estimated tax payments.
—First-time taxpayers and others get estimated tax penalty break.
—Some Social Security benefits to be taxed (also in Spanish).
—Taxpayer Assistance (also in Spanish).
—VITA (also in Spanish).
—Publication 910.
—Age 60 or over? Free TCE help available (also in Spanish).
—Tax counseling for the elderly.
—Senior citizens qualify for free tax help.
—Outreach.
—Display units exhibiting the services available for the elderly.

The following are additional tax changes which may affect the senior citizens:

—Section 219 of the code provides rules relating to contributions to individual retirement arrangements (IRA's) and voluntary contributions to employer plans. These rules allow taxpayers to receive a deduction of up to $2,000 for contributions to an IRA regardless of whether the taxpayer is a participant in his or her employer's pension plan. Also, a taxpayer may receive a deduction of up to $2,000 for a voluntary contribution to his or her employer's pension plan. However, the total allowable deduction for an individual taxpayer in a given year, from contributions to an IRA or voluntary contributions to an employer's pension plan, is $2,000; 100 percent of compensation; or the amount actually paid to the IRA for the plan for the year, whichever is less.

—As a result of efforts by the Service, section 411 of the Deficit Reduction Act of 1984 contained a provision to waive the estimated tax penalty for certain elderly or disabled taxpayer. The penalty can be waived for taxpayers who retired (after reaching age 62) or became disabled in either the prior or current tax year, who show reasonable cause for failure to pay the required amount, and whose failure to pay was not due to willful neglect. Previously, newly retired taxpayers whose income shifted from wages subject to withholding to pensions or other income not subject to withholding and who did not know about the estimated tax requirement could not be granted any relief.

—U.S. taxpayers who have retired and are living overseas are assisted by tax auditors and revenue agents on an ongoing basis. This is accomplished through 15 key foreign posts managed by Revenue Service representatives whose duties include overseeing the Taxpayer Service Program. There, walkin taxpayer assistance is offered to all U.S. taxpayers, many of whom are elderly. In addition to the Taxpayer Service Program available at the foreign posts, the IRS initiated an outreach program to those elderly U.S. citizens living in foreign cities where no IRS post exists. In numberous cities, sessions were conducted by IRS employees who offered income tax assistance to the elderly through self-help classes and seminars.

Activities in the area of tax forms development of special interest to older Americans include:

—The inside front cover of the Form 1040 package highlights several changes and important reminders for older taxpayers.

—Schedule R, Credit for the Elderly and the Permanently and Totally Disabled, was revised to reflect changes to the law. In revising Schedule R, graphics changes were made to the form and instructions to make the form easier to complete.

OTHER TREASURY ACTIVITIES AFFECTING THE AGED

Other agencies of the Treasury also have an impact on the elderly as part of their specific functions. Developments during 1984 included:

—Treasury continued its expansion of the Direct Deposit Program for Federal recurring payments. This program offers an added measure of convenience and security to many people, including retirees, who depend on regular Government payments, by permitting direct deposits into a personal checking or savings account. The service was implemented in 1975 and now includes Social Security benefits, Supplemental Security Income, civil service retirement, railroad retirement, Veterans Administration compensation and pension payments, certain military active duty and retirement and Federal salary payments. As of September 1984, over 21.9 million recipients have enrolled in the program, representing over 41.5 percent of total recipients. Since 1977, a nationwide educational campaign has been underway to inform recipients about the advantages of the program.

—The Financial Management Service (formerly the Bureau of Government Financial Operations) has continued a long-standing record of reliably meeting issuance schedules for Government payments. The majority of these payments are to elderly beneficiaries who depend on receiving their payments on time each month. In fiscal year 1984, the Service issued over 713 million payments—about 80 percent involving Social Security benefits, railroad retirement, civil service retirement, Veterans benefits and Supplemental Security Income. Coupled with programs such as direct deposit to insure reliable delivery after issuance, the Service is continuing efforts to improve service to recipients of Government payments.

—Millions of Americans have bought and held U.S. savings bonds over the past 40 years as a means of supplementing their retirement income. The tax-deferral and exchange privileges of these bonds have been particularly beneficial to retired individuals. In addition, the variable rate feature, introduced on November 1, 1982, enables bondowners to keep pace with market yields in times of high interest rates. Under the terms of the Treasury's variable rate offering, the bonds are also protected by a guaranteed minimum yield, should market rates decline substantially.

—The Bureau of the Public Debt continues to improve its systems which service millions of individuals, many of whom are senior citizens, that invest in U.S. Treasury securities. Two changes in procedures were initiated in 1984 which should benefit investors whose accounts are maintained at Treasury. First, the convenience and security of Treasury's Direct Deposit Program will be available to recipients of interest payable on series H/HH savings bonds beginning January 1985. Second, consolidated statements of interest earned (IRS Form 1099) from Treasury bills, notes and bonds are sent to investors, replacing the past practice of sending a separate statement for each account. This should make it easier for investors to verify earnings and complete tax returns.

—The Office of Business and Consumer Affairs works with groups concerned with senior citizens. The office arranged for Secretary Regan to address the National Alliance of Senior Citizens at the Old Executive Office Building on the economic outlook for 1984 and tax reform. The office continued to work with the American Association of Retired Persons. It reviewed AARP's Federal legislative policy and the State legislative committee policy guidelines and the AARP statement on S. 2181, the Financial Services Competitive Equity Act, which was used in connection with the AARP's presentation before the Senate Committee on Banking, Housing and Urban Affairs.

—During 1984, the Office of the Comptroller of the Currency continued to hold meetings on the implications of bank deregulation for bank customer groups (including older Americans). An active liaison program was established between the office and key national based organizations (including the National Association of Retired Persons) to share information about banking related activities. Additionally, the Comptroller's Office continued to enforce the Equal Credit Opportunity Act and regulation B as part of its supervisory responsibilities for all national banks. The law and its implementing regulation prohibit a creditor from discriminating against an applicant on a prohibited basis regarding one aspect of a credit transaction. Prohibited bases include age, provided that the applicant has the capacity to enter into a binding contract. Enforcement of the law is carried out during regular examinations of national banks.

—The Treasury also continued to protect elderly recipients of Government payments through the vigilance of the Secret Service. Through the first 11 months of fiscal year 1984, the Service closed 51,652 Social Security check forgery cases and 8,716 Supplemental Security Income forgery cases. Most of these checks were issued to retirees. Approximately 87 percent of all check cases were cleared, that is, the identity of the forger was discovered.

Finally, the Department of the Treasury makes every attempt to participate in the Governmentwide effort to end discrimination against particular groups, including the aged, in employment and in the accessibility of public information and facilities:

—Throughout the Department's facilities, architectural modifications and new buildings include ramps, security bars in restrooms, and other aids to ensure that Treasury facilities are usable by all individuals.

—The Bureau of Engraving and Printing's public tour has already incorporated elements which are helpful to the elderly. In addition, the Bureau plans to initiate enhancements to its tour which will further aid the elderly. These existing and planned elements are listed below: Tour guides are available to provide assistance to visitors who have infirmities or need special attention. Ramps and wide entrances are in place to permit easy movement of persons in wheelchairs or walkers. Restrooms have been modified to accommodate wheelchairs and similar walking aids. The tour gallery will be widened from 4 to 8 feet and corners will be minimized to permit easier movement for visitors in wheelchairs or using walking aids. The sound system will be improved, making it easier for hearing-impaired persons to hear the tour narrative. The communications system linking the tour gallery with the guard's office will be improved, expediting responses to medical emergencies.

—In employment, Treasury Offices and Bureaus have implemented a part-time employment program (PTEP) as a result of Public Law 93-437 (October 1978). The program gives special attention to groups such as older people. Although the opportunities for employment in general, including part-time, are currently uncertain due to budgetary and staffing constraints, the PTEP has helped retirees and the elderly obtain meaningful employment. The employment of the elderly benefits both the individual, by supplementing his or her income, and the agency, by adding productive employees to the regular work force.

ITEM 14. ACTION

DECEMBER 3, 1984.

DEAR MR. CHAIRMAN: I am pleased to submit ACTION's annual report on programs and services for the elderly to the Special Committee on Aging.

Please do not hesitate to contact me if you have any questions.

Sincerely,

THOMAS W. PAUKEN, *Director.*

Enclosure.

OLDER AMERICAN VOLUNTEER PROGRAMS

This year marked the 10th anniversary of the Senior Companion Program (SCP), 14 years of operation for the Retired Senior Volunteer Program (RSV), and 19 years for the Foster Grandparent Program (FGP). The Older American Volunteer Programs (OAVP) are comprised of approximately 1,100 projects operated by local organizations across the country. With over 383,5000 volunteers nationally, serving over 40,000 community agencies and organizations, the OAVP programs are providing a tremendous service to their commmunities—service which is innovative, responsive to local needs and cost effective.

Senior Companions provide person-to-person assistance and companionship primarily to older adults to help them achieve and maintain independent living. There are approximately 5,500 Senior Companions serving in 91 projects, with projects in every State.

The Foster Grandparent and Senior Companion Programs enable low-income persons aged 60 and older to remain active in their community. The Foster Grandparents provide person-to-person services to children with special or exceptional needs. Through a close and supportive relationship, they provide help to children suffering from a variety of impairments which include the mentally retarded, learning disabled, those affected by cerebral palsy, visual, hearing and speech impaired. Other children served include the abused and neglected, juvenile offenders, runaways, and teenage parents. There are more than 18,000 Foster Grandparents serving through 241 projects.

The Retired Senior Volunteer Program (RSVP) has 726 projects and more than 359,000 enrolled volunteers. The volunteers are all 60 years old and older and come from a wide variety of backgrounds, incomes and educational levels. The volunteers serve in a diversity of organizations, agencies and institutions. RSVP volunteers contribute their time and talents in many ways. The distinguishing feature of RSVP and its volunteers is their ability to respond to a range of community needs with the talents of older people.

The Older American Volunteer Programs are a partnership between the Federal Government, State and local governments, and local communities. In fiscal year 1984, State governments provided more than $17 million in funding for OAVP projects. Local communities contributed $19 million. With the Congress providing the direction, ACTION, the administration, support from State and local governments, and local communities implementing and operating the projects, we look forward to continued success.

RETIRED SENIOR VOLUNTEER PROGRAM

The Retired Senior Volunteer Program (RSVP) was established to provide a variety of opportunities for persons, aged 60 or over, to participate more fully in the life of their community through significant volunteer service. RSVP is an outgrowth of efforts by private groups, government agencies, and gerontologists over the past 35 years to confront some of the realities of growing old in America.

RSVP was authorized initially in 1969 under title VI, part A of the Older Americans Act, as amended, and transferred to ACTION in 1971. Subseqently, it was authorized under title II, part A, section 201 of the Domestic Volunteer Service Act of 1973 (Public Law 93-113), enacted on October 1, 1973.

RSVP began with an appropriation of $500,000 in the spring of 1971 under the Administration on Aging, part of the Department of Health, Education, and Welfare. Because of its modest appropriation, RSVP encouraged State agencies on aging to submit only one application each. Approximately 40 applications came in of which 11 were funded. The following year the appropriations for RSVP increased to $15 million which resulted in rapid program expansion. By 1973, there were 590 projects throughout the country.

In fiscal year 1984, the Federal RSVP appropriations of $27,745,000 funded 726 projects, fielded 359,000 volunteers, delivered 64 million hours of volunteers services. A conservative estimate of the value of services rendered indicates a return on investment of over $7 for each dollar of Federal funds appropriated.

RSVP is inherently a local community program. Each RSVP project is locally planned, operated, controlled, and supported. The non-Federal support of the budget is not required to be more than 10 percent during the first year. Project sponsors are expected to increase local support of the project budget by 10 percent each of the second and third years, assuming at least 30 percent financial responsibility each year thereafter.

A person 60 years of age or over is eligible to enroll in the program. There are no income, education, or experiencae requirements. Orientation, in-service training and recognition are provided for the volunteers. Volunteers serve without compensation, but transportation assistance is provided between their homes and volunteer assignments when needed. Accident and liability insurance are provided volunteers while on assignment.

RSVP volunteers serve in a variety of organizations, agencies and institutions designated as volunteer stations. The stations include courts, schools, museums, libraries, hospices, hospitals, nursing homes, and other community service centers.

Based on the most recent study completed in 1983, non-ACTION funds generated by RSVP projects in 1983 amounted to $17,339,305. Of this amount, $10,862,289 were from the State and local governments; $6,477,016 were from the private sector.

Local support amounts to 43 percent of the total budget. This includes both cash and in-kind support.

Current data identifying the 359,000 RSVP volunteers show:

	Percent
Distribution by sex:	
Male	22
Female	78
Distribution by age:	
60 to 69	37
70 to 79	47
80 and over	16
Distribution by ethnic:	
White	83
Black	11
Hispanic	4
Asian	1.5
Indian/Alaskan	.5
Distribution of RSVP volunteers by size of community served:	
50,000 or over	53.4
Less than 50,000	46.6

RSVP sponsors are public agencies or private non-profit organizations. The following data identifies kinds of RSVP sponsors.

RSVP sponsors:	Percent
Community service organizations	27
Senior service organizations	17
County governments	14
Community action agencies	12
City governments	8
Universities and colleges	8
Religious organizations	5
Local chapters of national organizations	4
State governments	2
School districts	1
Other	2

RSVP volunteers contribute their time and talents in many ways. The distinguishing feature of RSVP continues to be its ability to respond to community needs and develop opportunities in response to individual talents of older people. ACTION is currently emphasizing special emphasis areas such as services to youth, literacy, drug abuse, in-home care, consumer education and support, crime prevention, and management assistance to private non-profit and public agencies to make their operations more cost effective. The following examples describe some of the services provided by RSVP volunteers.

In Palo Alto, Calif., the Retired Executive Volunteers (REV) is a special component of the RSVP project which provides management and technical assistance to nonprofit and public agencies in Santa Clara and San Mateo Counties. Technical assistance includes provision of technical knowledge in such areas as bookkeeping and graphics and management assistance designed to improve overall management effectiveness. Last year, a corps of 50 REV consultants volunteered 6,200 hours and completed 132 consulting projects.

In Columbus, Ohio, the RSVP project utilizes the aid of RSVP volunteers in literacy in a variety of ways. In addition to assigning volunteers to the public schools to tutor in reading, writing, and arithmetic, volunteers are also assigned to the Basic Skills Program, aimed at teaching the basic skills to people of all ages, including young high school dropouts.

Also in this project, three RSVP volunteers are assigned to the Vision Center teaching blind adolescents and adults to read by teaching them Braille and using a system of teaching known as "Talking Book." The training for the volunteers is provided by the Vision Center. Some of the volunteers themselves have partial vision.

Since 1976, RSVP volunteers in Bellingham, Wash., have been involved with a Home Security Check Program. They are trained by the police department. Training is ongoing with in-service training given by the police department every month.

The program has expanded to include property marking and security checks of doors, windows, and bolts, as well as a vacation home check. People going out of town notify the police, letting them know how many cars should be in front of their houses, when lights go on, etc. Then the RSVP volunteers, most of whom are male, travel by police cars in teams of two or three to check on these homes.

Another component of this RSVP project involves RSVP volunteers assigned to the Bellingham City Transit. They are working to counter a problem of vandalism at the bus terminal which had become so acute that, at one time, the public facilities had to be closed.

Now the volunteers, wearing jackets and caps which identify them as "people in authority," according to the RSVP director, work 3-hour shifts from 8 a.m. to 5 p.m. They maintain an information booth which was built by the Lions Club and provide keys to the restrooms.

A project in Harrisburg, PA, has successfully enlisted the services of the handicapped as volunteers to both serve the community and build their personal self-esteem and abilities. A blind volunteer with exceptional musical talent performs in the project's rhythm band and regularly plays the piano for nursing home residents. Another volunteer with multiple sclorosis who is confined to a wheelchair serves in mass mailing efforts and "talks" with other volunteers and staff through the use of a self-programing talking instrument. Because of the volunteer's superior ability, she has been selected to attend a special training program in computer programing.

In fiscal year 1984, ACTION continued special emphasis programing through an interagency agreement with the Department of Health and Human Services, which ended on September 29, 1984. This agreement made it possible for RSVP volunteers in seven RSVP projects to be assigned to Head Start programs. The volunteers provided a variety of services including acting as teacher aides, providing health, social and nutrition services, and managerial and secretarial tasks for Head Start programs in various parts of the country. According to the last report on this program, a total of 723 RSVP volunteers had been recruited and assigned to cooperating Head Start sites. These volunteers contributed over 40,000 hours of service.

Through an agreement with the Department of Justice, volunteers continue to provide suppport to the Office of Juvenile Justice and Delinquency Prevention.

RSVP continues to participate in a cooperative effort with the Minority Business Development Agency, a part of the Department of Commerce, in an effort to place volunteers in service to 29 Minority Business Opportunity Committees (MBOC's) in major cities across the country.

RSVP produces individual and organizational gains which accrue to the benefit of the volunteers, the community and the Nation. Every community has a variety of particular needs which can best be addressed by volunteers. The growing population of people aged 60 and over is largely a vast untapped resource for those needs RSVP is an important mechanism for expanding the use of that resource.

FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program (FGP) was originally developed in August 1965 as a cooperative effort between the Office of Economic Opportunity and the Department of Health, Education, and Welfare (HEW). It was given legislative authority under title VI of the Older Americans Act, as amended, and transferred to the Administration on Aging (AoA) in HEW in 1969. In 1971, under Reorganization Plan No. 1, the program was transferred to ACTION.

FGP enables low income persons, aged 60 and over, to remain active in their community through person-to-person service to children with special or exceptional needs in health, education, welfare and related settings. Foster Grandparent services are focused on children suffering from a variety of impairments and disabilities including the mentally retarded; autistic; emotionally disturbed; visually handicapped; learning disabled; epileptic; and those suffering from cerebral palsy, visual, hearing and speech impairments. Other children served include those who have been abused or neglected, juvenile delinquents, runaways, and teenage parents.

The volunteer service opportunities provided by the program are intended to renew the sense of dignity and self worth, alleviate some of the consequences of poverty and loneliness, and improve the psychological outlook and physical wellbeing of its participants.

To accomplish its legislative mandate and enable low-income persons to participate, the program provides a number of benefits to Foster Grandparent volunteers. These include: a $2.20 stipend for each hour of service, transportation assistance to and from volunteer assignments, accident and liability insurance, preservice and annual physical examinations, and a noon meal on the days they serve. In addition, Foster Grandparents are recognized for their services at annual recognition events organized by local program sponsors.

Foster Grandparents serve 20 hours weekly, normally 4 hours a day, 5 days a week, or a total of 1,044 hours of service per volunteer service year. Ideally, Foster Grandparent volunteers spend 2 hours giving special attention and affection to each of two children on a daily basis. Children are assigned Foster Grandparents on the basis of their potential for improvement in personal or social adjustments, skill development, and to help prevent or delay institutionalization. Volunteer services are provided through local public and private nonprofit agencies, or proprietary health care facilities, known as volunteer stations.

These volunteer stations must comply with any licensing or certification requirements of State and local governments in their area. Program policy prohibits the involvement of Foster Grandparents in activities that would supplant the hiring or result in the displacement of employed workers, or impair existing controls for services.

Foster Grandparents provide a whole range of individual services to their assigned children including, but not limited to: individual child counseling, motor skills stimulation, development of basic learning skills, assistance in the implementation of individual care plans, teaching English as a second language, helping incarcerated youths prepare for independent living, and acting as adult role models by providing emotional support and empathy. Prior to assignment, Foster Grandparent volunteers received 40 hours of orientation in program policies and procedures. Thereafter, volunteers receive 4 hours monthly in-service training.

At the end of fiscal year 1984, there were 241 FGP projects operating through grants awarded by ACTION to qualified public and private nonprofit agencies which administer the program locally. These projects which operate in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands, support over 18,400 Foster Grandparent volunteers who, on a given day, serve approximately 65,000 children. Federal funding of $49.7 million for the fiscal year was provided under a continuing resolution. Several State governments, including California, Washington, New York, Oklahoma, New Mexico, Texas, Tennessee, Michigan, and Wisconsin, continued to appropriate varying sums to support additional Foster Grandparent volunteers in their respective States. As in previous years, Michigan appropriated funds to support seven solely State-funded projects in 1984. The State of Kentucky also commenced funding a small projected in 1984 without Federal financial assistance.

Coordination of program activities with other federal agencies also continued in fiscal year 1984. An interagency agreement with the Administration for Children, Youth, and Families (ACYF) that provided funding support of Foster Grandparent volunteers specifically assigned to serve special or exceptional needs children in a number of Head Start sites was not renewed but ACTION was able to continue funding for another year.

ACTION also funded 33 additional volunteer service years from the FGP gift fund. This fund was commenced in 1981 when Mrs. Nancy Reagan's efforts to increase public awareness of the program resulted in several donations to the program. The 33 Foster Grandparent positions funded for 1 year by this means are providing services to approximately 115 additional children with special or exceptional needs.

In what ACTION considers a highly significant evaluation of the impact of the program on Foster Grandparent participants, it was concluded that, in comparison to a control group, the Foster Grandparents had better overall functioning, improved mental health, lessening of the decline in the level of physical health, and of perhaps greatest significance, the mortality rate of the participant Foster Grandparents was half that of the wait-list (control) group.

The Foster Grandparent Program will celebrate its 20th anniversary in late 1985.

SENIOR COMPANION PROGRAM

The Senior Companion Program (SCP) offers volunteer opportunities to low-income adults age 60 and older. Senior Companions provide person-to-person assistance and companionship primarily to older adults to help them achieve and maintain independent living.

The Senior Companion Program has grown from 18 pilot projects and 1,000 Senior Companions in fiscal year 1974 to 91 projects (76 ACTION-funded and 15 non-ACTION funded) and approximately 5,500 Senior Companions as of October 1, 1984. The operating SCP budget in fiscal year 1984 was $13,516,000.

The program demonstrates older persons can play a critical role in providing support to older persons with physical and psychological impairments. SCP fosters independence and enhances the self-esteem of Senior Companions by designing volunteer roles which utilized their skills and training to improve the lives of individuals served and impact on community problems.

The SCP assists in the long-term care needs of moderately and generally impaired adults, focusing on older adults at risk of inappropriate institutionalization. Companions serve in a variety of organizations, agencies, and institutions designated as volunteer stations. The stations include acute care hospitals, home health agencies, multipurpose nonprofit organizations, nursing homes, hospices, and community mental health agencies. Volunteers serve 20 hours per week. The $2 per hour stipend they receive will be increased to $2.20 per hour in fiscal year 1985. In addition, Senior Companions receive transportation assistance, meals on days when they volunteer, annual physical examinations, accident and personal liability insurance and recognition, annually. Senior Companions are also provided 40 hours of orientation and 4 hours of monthly in-service training.

During fiscal year 1984, 2,527 volunteers service years (VSY's) were recorded in the four emphasis areas: Service to the terminally ill, 799; acute care/discharge planning, 709; substance abuse, 607; and service to the mentally ill, 412.

In fiscal year there were 5,500 Senior Companions funded through ACTION and non-ACTION sources.

	Percent
Distribution by sex:	
Male	17
Female	83
Distribution by ethnic groups:	
White	63
Black	28
Hispanic	6
Asian	2
Indian/Alaskan	2

SCP has entered into non-ACTION funded interagency memorandums of agreement with 15 State agencies, funding 700 volunteer service years. Each of these programs use State and/or local funds to expand the SCP model.

Senior Companions assist clients on a one-to-one basis in residential and in-home settings. In fiscal year 1984 approximately 77 percent of all ACTION-funded Companions were assigned to older homebound persons. Some examples of program activities follow.

In *Decatur, Ala.*, 52 Senior Companions assigned to five acute care hospitals provided services to more than 156 older persons. The primary goal of this project and the 55 other Senior Companion projects with volunteers in acute care hospital discharge programs is to provide hospitals with an in-home "aftercare" program and prevent unnecessary readmissions. The model provides that Senior Companions meet patients prior to discharge and continue to serve them during the crucial transition period to their homes. In two of the five hospitals in the Decatur service area, 29 hospitalized clients served by Companions would have been referred to a nursing home had Companions not been available as an "aftercare" alternative. In fiscal year 1984, these same hospitals reported a decline of 17 percent in the readmission rate of clients served by Companions.

In *Minneapolis, Minn.*, 10 Senior Companions received, in addition to the required 40 hours of orientation, special training on substance abuse problems of the elderly. During an 18-month period ending fiscal year 1984, they served over 100 clients fighting alcohol dependency. They helped them achieve and maintain sobriety by replacing the loneliness and isolation of the clients with new activities and socialization.

In *Worcester, Mass.*, four Senior Companions are assigned to hospice care teams. The station through which they are assigned described their services as critical in providing peer support, respite care and their availability on days when other community volunteers were at work or otherwise engaged.

Two anecdotes illustrate the impact of the program on the lives of the volunteers and the clients they serve:

Emile Halabi is a Senior Companion in Los Angeles, Calif., serving clients at the Angeles Plaza, a 1,400-unit senior residential complex. One of his clients is Helen Cline, a blind woman who lives alone and moved into the complex in June 1984. She credits Emile with helping her adjust to her new surrounding by helping her and her seeing eye dog walk though the complex, sensing and pacing out routes to the cafeteria, library, supermarket and specialty shops. Access to each is critical to her ability to maintain independence. In summarizing a problem common to the blind, Ms. Cline says: "When you are handicapped, there are times when people insist on helping you when you don't need or want help and there are other times when you really need help and no one is there. Emile is one of those people who is always there at the right time."

In *Miami, Fla.*, a 72-year-old nursing home patient switched roles and became a Senior Companion. Dolly Griffin entered the Human Resources Health Center as a wheelchair-bound stroke patient. A year later, she had fully recovered, completed Senior Companion training and was assigned to seven clients. "She was unable to care for herself and seemed quite confused," recalls Ronnie Rosenthal, supervisor at the nursing home. According to Mrs. Rosenthal, Mrs. Griffin's recovery was just short of miraculous. "She got better very quickly and it was clear to us she no longer needed to be here."

A friend, anxious to actively involve Mrs. Griffin in community life, recommended her to the program. Her volunteer service activity has helped her find a meaningful role for herself and the clients with whom she assists are benefiting from her commitment to the program.

ITEM 15. CIVIL AERONAUTICS BOARD

DECEMBER 4, 1984.

DEAR MR. CHAIRMAN: Thank you for your letter of October 18 requesting our submission for your committee's annual report entitled Developments in Aging by November 30, 1984.

In accordance with your request, I have enclosed our report for inclusion in the committee's report.

Please let us know if we can be of further assistance.

Sincerely,

DAN MCKINNON, *Chairman.*

Enclosure.

The Civil Aeronautics Board approved a new rule 3 years ago prohibiting discrimination against air travelers predicated on the person's age. This action was undertaken in furtherance of the Board's implementation of the Age Discrimination Act of 1975 (ADA) 42 U.S.C. 101. The rule was sent to Health and Human Services (HHS) for approval in April 1980.

On July 10, 1981, the Board's General Counsel sent a letter to the Secretary of HHS reminding him that our rule had been pending at HHS for 15 months and asking that we be allowed to issue our rule without the self-evaluation requirement, which is the subject of a dispute between HHS and the Office of Management and Budget (OMB). By letter dated August 3, 1981, the Assistant General Counsel, Civil Rights Division, replied that HHS expected to resolve the dispute with OMB soon and requested that we not publish our final age discrimination regulations until this occurs. On May 17, 1983, the Board received a letter from the Director, Office for Civil Rights of Health and Human Services, stating that their review process had been complicated by the pendency of litigation filed February 2, 1983, in the District Court for the District of Columbia against HHS and OMB. The suit was brought by several advocacy organizations for the elderly seeking a swift adoption of individual agency regulations to enforce the ADA. HHS believes they have acted properly in implementing the ADA and are defending against the plaintiff's allegations. Further, HHS stated that "as soon as this litigation is resolved, they will move promptly to approve regulations submitted for review or advise of the required revisions." The rule was approved by HHS on July 13, 1984, with changes. The Board's staff is now working to incorporate these changes into the rulemaking. When this is done the final rule will be issued. A final rule, however, probably will not be issued until after the Board's functions transfer to the Department of Transportation on January 1, 1985.

During fiscal year 1984, the Board received no complaints from elderly passengers who had experienced age-related problems with air transportation or evidence indicating a pattern or practice of age discrimination in the airline industry, including any carriers receiving Federal financial assistance. Therefore, active intervention by the Board has not been required concerning this issue.

ITEM 16. COMMISSION ON CIVIL RIGHTS

NOVEMBER 7, 1984.

DEAR MR. CHAIRMAN: The U.S. Commission on Civil Rights is pleased to respond to your request for a report of Commission activities affecting the interests of older persons. Unfortunately, due to the uncertainties surrounding the Commission's extension legislation, which was not enacted into law until November 1983, our program and planning activities were disrupted, including those on behalf of older Americans.

If you have any questions regarding the Commission's report or if I can be of further assistance, please do not hesitate to contact me at 523-5571.

Sincerely,

LINDA CHAVEZ, *Staff Director.*

Enclosure.

FISCAL YEAR 1984 ACTIVITIES AFFECTING OLDER AMERICANS

During fiscal year 1984, the Commission continued to monitor legislative, legal, and regulatory developments affecting Federal enforcement of prohibitions against age discrimination. In response to the Supreme Court decision in *Grove City College* v. *Bell*, the Commission issued a statement in March 1984 calling for legislation to restore broad coverage under the Age Discrimination Act of 1975, as well as title IX of the Education Amendments of 1972, title VI of the Civil Rights Act of 1964, and section 504 of the Rehabilitation Act of 1973.

Another focus of continued Commission attention was the Equal Employment Opportunity Commission's (EEOC) enforcement of the Age Discrimination in Employment Act (ADEA) of 1967, as amended. In a March 1984 letter to EEOC, the Staff Director questioned EEOC's exemption of apprenticeship programs from ADEA coverage in light of a Federal District Court decision that the exemption was invalid. Subsequently, EEOC voted to rescind the exemption.

In its November 1983 report entitled, "Federal Civil Rights Commitments: An Assessment of Enforcement Resources and Performance," the Commission noted EEOC's efforts to process age discrimination and other complaints more efficiently in light of resource constraints. That report also commented on delays and deficiencies in the Department of Health and Human Services' efforts to coordinate enforcement of the Age Discrimination Act. The newly reconstituted Commission neither accepts nor rejects the policy positions stated in this report.

Commission staff participated on an advisory panel for a National Association of Area Agencies on Aging research study of model programs to improve services to the minority elderly. Commission staff also monitored and worked with the National Council on the Aging, and the Commission exhibit was displayed at the Council's annual conference in Washington in April 1984.

ITEM 17. CONSUMER PRODUCT SAFETY COMMISSION

NOVEMBER 15, 1984.

DEAR MR. CHAIRMAN: We are pleased to be able to once again provide input into the Senate Special Committee on Aging's annual report, "Developments in Aging." In 1985, the Commission plans to work with State and local agencies, industry, and other senior citizen service organizations to plan the use of home safety programs that can assist older consumers in minimizing safety hazards in their homes.

Our submission for the report is enclosed. Please let me know if you need further information.

Sincerely,

NANCY HARVEY STEORTS, *Chairman.*

Enclosure.

CONSUMER PRODUCT SAFETY COMMISSION REPORT ON ACTIVITIES RELATED TO OLDER CONSUMERS

The Consumer Product Safety Act (Public Law 92-573) was enacted in 1972 in recognition of the need for Federal regulation to ensure safer consumer products. The act established the Consumer Product Safety Commission and charged it with the mission of reducing the number and severity of consumer product-related injuries, illnesses, and deaths. An amendment to the CPSA requires the Commission to "consider and take into account the special needs of the elderly and handicapped to determine the extent to which such persons may be adversely affected by (a consumer product safety) rule."

Our activities, including injury-data collection, research studies, standards development, and information and education programs, are not directed solely to programs for the benefit of our older Americans. However, improving product safety for the elderly is an important continuing objective of the Consumer Product Safety Commission. While none of the laws administered by CPSC apply solely to the elderly, the Commission recognized that the elderly are particularly vulnerable to injuries associated with various home structures, including bathtubs, showers, floors, stairs, unvented gas space heaters, and upholstered furniture. Moreover, the Commission has an active interest in the safety of older consumers and is giving priority attention to this important task.

INJURY DATA COLLECTION

The Commission's primary source of information on product-related injuries is the National Electronic Injury Surveillance System (NEISS). The NEISS is designed to have a statistically selected set of 73 hospital emergency rooms located throughout the country which report to the Commission, on a daily basis, data on product-related injuries treated in those emergency rooms. The Commission estimates that 670,000 persons 65 years of age or older were treated for product-related injuries in hospital emergency rooms in the United States and the U.S. territories in calendar year 1983. The elderly were hospitalized for these injuries at a much higher proportion (20 percent) than the population as a whole (4 percent). Injuries associated with stairs, steps, floors, or flooring materials were suffered most frequently by the elderly. Other major product categories associated with injuries which particularly affect the elderly are those most commonly found in and around the home, including chairs, beds, doors, ladders, bathtub and shower structures, knives, rugs, and carpets.

ACTIVITIES RELATED TO THE ELDERLY

The Commission recognizes that many products used by the total population of consumers may present special problems for the elderly. The elderly, therefore, comprise a group which the Commission focuses on, as a matter of policy, in carrying out its mission to reduce the unreasonable risk of injury from consumer products.

The Commission has formally recognized the unique needs of the elderly and special population groups in selecting project priorities. The "vulnerability of the population at risk" is one of seven factors which the Commission weighs in determining priority projects.

1984

The Commission has noted that elderly consumers are frequently the victims in fires from woodburning heating equipment and upholstered furniture. Woodburning heating equipment and upholstered furniture flammability continued to be two of the Commission's 1984 project priorities. Our woodburning heating equipment studies have shown that many fires result from improper installation, use, and maintenance of appliances, chimneys and chimney connectors. This information was taken into consideration during the Commission's development of a mandatory labeling rule for wood and coal stoves requiring that extensive safety information be provided to consumers. The Commission is also working with upholstered furniture manufacturers in the development of a voluntary industry program to produce upholstered furniture that is more resistant to cigarette ignitions.

Residential wiring (fixed wiring, circuit breakers, light fixtures, receptacles, etc.) is believed to be responsible for as many as 205,000 residential fires of electrical origin each year, causing 1,100 deaths, an estimated 16,300 injuries, and $950 million in property loss. Many of these fires occur in older homes owned by elderly persons whose electrical systems are old and deteriorated. The Commission is continuing to study the potential fire hazards associated with deteriorated electrical systems.

The Commission designated the Safety for Older Consumers Project for priority attention in fiscal years 1984 and 1985. This 2-year effort focuses on safety in the home. Since most elderly consumers are not living in housing specifically designed to accommodate their needs, special attention is needed to upgrade the safety of products they live and work with: stairs, baths, carpeting, lighting, flammable fabrics, heating equipment, and other items. Early in fiscal year 1984, CPSC staff developed a "home safety checklist"—a series of simple, inexpensive recommendations for improving home safety.

To bring about actual improvements in the homes of older Americans, the Commission conducted a pilot "home safety audit" program in two sites: Philadelphia, PA, and Green Bay, WI. Working closely with State and local agencies on aging, groups and organizations which represent the aging, and local community networks, older consumers in the area were contacted and invited to participate in the pilot program. A total of 1,100 homes in Philadelphia and 90 in Green Bay were audited during fiscal year 1984.

The safety auditors themselves were older Americans. Using materials and a training program provided by CPSC, safety auditors were trained to conduct visits and inspections of residences occupied by the elderly. The safety auditors used the checklist developed by the Commission to walk through the home with the residents, noting obvious hazards or opportunities for simple, inexpensive modifications to improve safety. A copy of the checklist was left with the homeowner.

The results of the fiscal year 1984 pilot project in Philadelphia and Green Bay showed that the Safety for Older Consumers Project did have the potential to provide safety information to older Americans. Several hazards (such as lack of smoke detectors, or broken or loose flooring and steps) were identified and corrected in the homes of many older consumers. An independent evaluation conducted in Philadelphia showed that older consumers learned about safety hazards and how to correct them as a result of the home visits on reading the checklist. Several specific safety improvements were documented. As a result of the success of the pilot project, the Consumer Product Safety Commission decided to implement the project throughout the United States during fiscal year 1985.

1985

During 1985, the Commission will work at the national and State/local levels to implement the Safety for Older Consumers Project. The home safety checklist will be revised (to enlarge the type and add illustrations) and reprinted. Efforts will be made to enlist the voluntary cooperation of national groups such as the American Association of Retired Persons and the National Council on the Aging to help reprint and distribute the checklist through their networks. A national news conference will be held to announce the national implementation of the safety for Older Consumers Project.

At the State/local level, area agencies on the aging will be contacted and encouraged to use the home safety checklist in their ongoing programs for older consumers. There will be $25,000 in State/local contracts available for CPSC regional offices to award to agencies who can conduct home visits, hold seminars for older consumers, and distribute the checklist to older people who could conduct self-audits. Efforts will be made to have the checklist reprinted by newspapers and by industries who are concerned about safety for older consumers.

INFORMATION AND EDUCATION

In October 1982, the Commission launched a 2-year Smoke Detector Information and Education Program. It was the Commission's top priority information and education program during fiscal year 1983 and is being continued on an annual basis. Because fire is the second most frequent cause of accidental death in the home for persons of all ages—with the elderly being the age group with the highest death rate—the Commission's goal was to increase the number of homes with properly installed and maintained smoke detectors to provide early warning of fire. It was estimated at the start of the program that 40 percent of the population did not have smoke detectors, and that the elderly, particularly low-income elderly, were an age group which especially needed to be targeted for assistance in this area.

CPSC's program consisted of encouraging and cooperating with State and local programs around the country, and of working with fire departments and other organizations to provide information about smoke detector programs, and to promote giveaway and low-cost sales programs for elderly and low-income persons. Between October 1982 and September 1984, an estimated 2,000 communities and 30 States conducted smoke detector programs, and (by conservative estimate) over 2 million smoke detectors were given away or sold at discount. Millions of pieces of literature about smoke detectors were distributed in door-to-door campaigns, much of it reprinted at local expense from CPSC information and brochures.

During this 2-year period, several Senators and Members of Congress provided support for the program through their newsletters and local offices. The media provided good coverage of the program encouraged by visits of CPSC Commissioners around the country, and by the issuing of proclamations by mayors and executives of many towns and counties. The American Association of Retired Persons, working with CPSC staff, developed a large-type safety alert on smoke detectors which was made available to millions of AARP members and other senior citizens. Other organizations working with senior citizens carried safety messages about smoke detectors in newsletters and magazines, and participated in local community campaigns, along with consumer organizations, businesses and industries, and many service organizations. Examples of the kinds of local efforts which were generated by this effort were a program in Eureka, CA, where a local foundation contributed $20,000 for the purchase of smoke detectors, the area agency on aging, with the help of local organizations identified persons over 60 who needed them, and local fire departments did the installations. In another community, a medical center purchased 325 smoke detectors for the elderly living in the community surrounding the medical center, and the Firefighters Union donated time to install the detectors. The smoke detector campaign continued through September 1984, and getting smoke detectors into the homes of elderly persons continues to be a major goal of the program.

During fiscal year 1984, the Commission implemented a major information and education program on the Safety of Senior Citizens.[1] As part of this planning, CPSC Commissioners and staff engaged in such activities as the following:

- —Commissioners talked about CPSC's interest and plans for a Senior Citizen Home Safety Program in speeches and public appearances around the country.
- —CPSC's regional representative in Seattle joined business, government and senior citizen leaders on the planning committee for the first Senior World's Fair, January 13–15, 1984.
- —CPSC had an exhibit on household falls at the 1983 annual conference of the National Council on Aging in Detroit.
- —In California, a CPSC public affairs specialist helped public health officials design a safety curriculum for seniors which focuses on fire, falls and home safety; it is available for use by health agencies and fire departments.
- —CPSC redesigned with larger type its brochure on "Poison Prevention Packaging: Alternatives for Older Consumers and the Handicapped."

In fiscal year 1983, the Commission made its toll-free hotline even more accessible to consumers by changing the number to the easy-to-remember acronym 800/638-CPSC. The hotline, which serves all 50 States, Puerto Rico, and the Virgin Islands, gives older consumers an easy way to contact the Commission for information about hazardous products, recalls or safe use of consumer products. The Commission also maintains a teletypewriter for hearing-impaired persons, with a toll-free number of 800/638-8270 (Maryland only: 800/492-8104).

ITEM 18. ENVIRONMENTAL PROTECTION AGENCY

DECEMBER 3, 1984.

DEAR MR. CHAIRMAN: This is in response to your request of October 17, 1984. Enclosed is the agency's report on the continuing success of older worker activities at the Environmental Protection Agency.

Sincerely,

WILLIAM D. RUCKELSHAUS, *Administrator.*

Enclosure.

1984 SENIOR ENVIRONMENTAL ASSISTANCE ACTIVITIES REPORT

The Senior Environmental Employment (SEE) Corps was created in concert with State environmental agencies and the financial aid of the Administration on Aging, Department of Health and Human Services. The Corps has provided meaningful part-time employment to several hundred older Americans in jobs relating to the prevention, abatement, and control of environmental pollution. The jobs include surveying toxic chemicals used in industrial areas, educating the public on areawide water quality planning, establishing and enforcing noise abatement control programs, establishing and managing agency environmental libraries, presenting educational programs on the use of pesticides and the hazards of poisoning to farm workers, and working on surveys of environmental carcinogens. EPA is utilizing SEE Corps participants at all levels of government and benefiting from their experiences and knowledge in the prevention, abatement, and control of environmental pollution.

The Senior Environmental Employment (SEE) Corps became a permanently established program within the Environmental Protection Agency (EPA) with the passage of and the signing of Public Law 98-313, the Environmental Programs Assistance Act of 1984, by the President on June 12, 1984.

Our Office of Toxic Substances has found older workers, with their vast experience in dealing with people, do an excellent job relating to top managers in schools, school boards and State offices of public instruction on the possible hazards of asbestos materials in public buildings. They also deal with the compliance monitoring requirements of the Toxic Substances Control Act (TSCA) section 6.

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[1] Described in separate section of CPSC report.

In addition, our former Office of Noise Abatement and Control developed a cadre of senior citizens to combat noise pollution. Some were volunteers and are still serving as noise counselors in 50 or more communities throughout the country. Other older workers, who are paid by Department of Labor title V funds, are serving as noise representatives, giving technical assistance to states and communities or assisting in noise surveys and public education. Yet another program in EPA's regional offices employs senior citizens to assist State and local governments and civic organizations to develop methods to deal with solid and hazardous waste disposal and establish proper disposal procedures for the waste.

Public Law 98-313 has allowed EPA to consider, develop, and implement new opportunities for older workers such as placement with headquarters and regional offices. One is a Data Call-In Program in the Office of Pesticide Programs, and another is film research in the Office of Research and Development to research, catalogue and prepare film for storage. Some of the film will be used to build a case history of the condition of the environment. Each day we are finding new and creative innovative ways that older workers can become involved in the abatement and control of environmental pollution, thereby leaving the world a better place for future generations.

In 1984, EPA established a Clean Air Counselors Program, recruiting and training throughout the country a nucleus of senior citizens to monitor and inspect gasoline refiners, retailers and distributors and also to speak to civic organizations on air pollution and abatement regulations.

EPA has also recruited and trained a group of senior citizens whom we can call on from time to time to do surveys to generate pesticide usage data. This program allows EPA to establish statistically valid information which will permit states to monitor the kinds and amounts of pesticides being applied and aggregate state data on pesticides.

EPA has supported other environmental activities funded by title V including older worker programs in Florida, Alabama, California, Iowa, New Jersey and Washington. In addition, the agency has helped to support poison-alert programs at the local level, and the monitoring of landfills to measure the gases seeping from underground to surface.

For the past several years the Congress has sponsored a bipartisan program designed to acquaint selected senior citizens with the working of the legislative branch. This program, called the Congressional Senior Citizen Intern Program, has historically included information sessions with several executive branch agencies who have programs on aging. As a result of the success of the SEE Corps, EPA was asked to participate in the program. The program provides EPA with an excellent opportunity to acquaint the 350 or so distinguished older Americans with the history, objectives, and goals of the agency, as well as the opportunities that the SEE Corps can afford them and their fellow senior citizens.

EPA has developed a film called "SEE—It's Working." It is about SEE workers and how states have benefited from their talents and skills under the SEE Corps. In addition, we have published a pamphlet on the SEE Corps.

The agency is very committed to the Senior Environmental Employment (SEE) Corps and the utilization of the wealth and experience possessed by older workers. We believe that the SEE Corps provides excellent opportunities for older citizens to participate in the benefits of the program, while improving environmental quality for everyone.

ITEM 19. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DECEMBER 21, 1984.

DEAR MR. CHAIRMAN: Enclosed for the Senate Special Committee on Aging is the Equal Employment Opportunity Commission's annual report of its activities under the Age Discrimination in Employment Act of 1967, as amended.

We hope this information is helpful to you. Please let us know if we can be of further assistance.

With best wishes.

Sincerely,

PHYLLIS BERRY, *Director.*

Enclosure.

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION'S ANNUAL REPORT UNDER THE AGE DISCRIMINATION IN EMPLOYMENT ACT, AS AMENDED

The Equal Employment Opportunity Commission is charged with the enforcement of the Age Discrimination in Employment Act of 1967, as amended. The act prohibits employment discrimination on the basis of age in compensation, terms, conditions and privileges of employment. It applies to private employers with 20 or more employees and to the Federal Government. The administration and enforcement of the ADEA was transferred to the Equal Employment Opportunity Commission from the Wage and Hour Division of the Department of Labor, effective July 1, 1979, under the President's Reorganization Plan No. 1 of 1978.

SIGNIFICANT DEVELOPMENTS

During 1984, the Equal Employment Opportunity Commission (EEOC) pursued several major policy initiatives under the ADEA. On June 26, 1984, the Commission voted to develop regulations that would require employers to accrue pension benefits for their employees under age 70 without discriminating on the basis of age. Such regulations would rescind the interpretive provision pertaining to pension and retirement plans that now permits employers covered by the ADEA to discontinue pension contributions and crediting for employees who work beyond the employer's "normal retirement age." The Commission's staff are currently developing proposed regulations along these lines. If such regulations are approved by the Commission, they will be circulated to affected Federal agencies and to the Office of Management and Budget for their review and comment.

In the area of apprenticeship training, the EEOC voted to change the longstanding policy of the Department of Labor that sanctioned the use of age limitations in apprenticeship programs. The Commission's proposed rule, which is now under review by the Office of Management and Budget, would ensure that employees of all ages have equal access to training and apprenticeship opportunities, regardless of their age.

Also in 1984, the Commission's staff continued drafting final regulations implementing section 4(g) of the ADEA, which requires that employers make their group health plans available to employees aged 65 through 69, and to employees' spouses aged 65 through 69, under the same conditions as such plans are made available to employees under age 65 and to employees' spouses under age 65.

ADEA CHARGE PROCESSING ACTIVITY

An initial analysis of the fiscal year 1984 year end data shows that there was a slight decrease in the ADEA charge filings. In fiscal year 1984, the EEOC received 17,700 charges of discrimination filed under the ADEA. In fiscal year 1983, the Commission had received 18,087 ADEA and concurrent Title VII/ADEA charges. The Commission obtained approximately $16 million in monetary benefits on behalf of ADEA complainants in fiscal year 1984. Additional compliance statistics are not available as of the date of this submission.

ADEA LITIGATION ENFORCEMENT ACTIVITY

In fiscal year 1984, the EEOC's Office of General Counsel, after a vote of the Commissioners, filed 63 ADEA lawsuits, in the Federal district courts. That number is almost double the 33 lawsuits filed under the ADEA in fiscal year 1983.

SIGNIFICANT LEGISLATION SIGNED INTO LAW

On October 19, 1984, President Reagan signed into law Public Law 98-532, which confirmed EEOC's authority to enforce the Age Discrimination in Employment Act of 1967, as amended (ADEA) and the Equal Pay Act of 1963 (EPA). The new law ratified, as a matter of law, all existent reorganization plans, including the Reorganization Plan No. 1 of 1978, which has transferred ADEA and EPA enforcement authority to the EEOC from the U.S. Department of Labor.

The Commission's authority to enforce the ADEA was jeopardized by an August 28, 1984, Second Circuit Court of Appeals decision in the case of *EEOC* v. *CBS, Inc.*, following *Chadha* v. *INS*, — U.S. —, 103 S. Ct. 2764 (1982). The Second Circuit had ruled that the legislative veto provision contained in the Reorganization Act of 1977 was unconstitutional, thereby invalidating the transfer of enforcement authority to the EEOC for the ADEA. The Commission had prevailed on this issue in the Fifth and Sixth Circuits in *EEOC* v. *Hernando Bank, Inc.*, No. 82-4298 (5th Cir. 1984), *EEOC* v. *Allstate Insurance Co.,* No. 83-4652 (5th Cir. 1984) and *Muller Optical* v. *EEOC,* No. 83-5889 (6th Cir. 1984).

On September 12, 1984, the House Committee on Government Operations' introduced House Bill 6225, proposing to ratify all reorganization plans as a matter of law. On October 1, H.R. 6225 was passed by the House, and on October 4, the measure was adopted by the Senate.

The signing into law of H.R. 6225, as Public Law 98-532, ratified the Reorganization Plan No. 1 and resolved the *Chadha* issue.

DECISIONS RENDERED

The following is a brief summary of some of the other important ADEA decisions rendered in fiscal year 1984 by courts in cases where the Appellate Services Division filed briefs. The Appallate Services Division appears as amicus curiae in private litigation involving legal questions that are important to the enforcement of the ADEA. The following is not intended to be an in-depth disucssion of the remification of the decisions but merely a report on the central holdings of some of the Commisison's appellate and amicus ADEA cases.

In *Ritter* v. *Mount Saint Mary's College,* No. 81-1534 (4th Cir. 1984), the court issued an unpublished decision ruling that the ADEA and EPA apply to religiously affiliated institutions of higher education that are not pervasively sectarian. In reaching its decision the court focused on the fact that lay faculty at Mount St. Mary's are selected solely on the basis of academic quality and not on the basis of religious orientation.

In *EEOC* v. *Corry Jamestown Corp.*, No. 82-5706 (1983), the Third Circuit became the first court of appeals to decide the question of the Commission's entitlement to a jury trial under the ADEA. The panel unanimously concluded that the district court had erred in denying the jury trial. The court found two independent bases for its decision. First, the court ruled that when the Commisison sues on behalf of an aggrieved individual under section 16(c), it is an action at law, and therefore triable before a jury. Second, the court held that when the Commission sues on behalf of an individual, it does so in "a representation capacity" and, therefore, the Commission is a "legal representative" specifically granted the right to a jury trial by section 7(c)(2) of the ADEA. The Fifth Circuit in *EEOC* v. *Brown & Root, Inc.*, No. 82-2382 (1984), agreed with the Third Circuit when presented with the same issue.

The District of Columbia Court of Appeals in In *Von Aulock* v. *Smith*, No. 81-2959 (1983), held that private plaintiffs have no standing to challenge sections of an Interpretative Bulletin promulgated by the Department of Labor and continued in effect by the EEOC. The provisions at isue state that an employer with a defined benefit retirement plan need not give credit in calculating retirement benefits for employment past normal retirement age or provide for the accrual of benefits past normal retirement age. The court of appeals held that an injury suffered by the employees is not fairly traceable to the EEOC because "it is highly likely that appellants' employers would continue to maintain their challenged plans even in the absence of the administrative support provided by the Interpretative Bulletin, relying directly on the statutory support for their practice of freezing the pension costs for an employee when the employee reaches age 65."

In *Gathercole* v. *Global Associates*, Nos. 85-1889, 1894, 1920 (9th Cir.), the court held that the company had lawfully terminated a pilot when he reached age 60. Global provided services to the United States Army. The contract between Global and the Army incorporated most of the FAA regulations applicable to commercial aviation—including the age 60 retirement rule. The court held that Global was entitled to rely on these contract provisions to establish a defense under § 4(f) of the ADEA. The court also concluded that the contract provision mandating Mr. Gathercole's retirement was "regulatory" within the meaning of 29 C.F.R. 860.102 (1981), and that, as a matter of judicial notice, it was "clearly imposed by the FAA and by the Army for the safety and convenience of the public."

In *Monroe and EEOC* v. *United Air Lines*, No. 83-1245 (7th Cir. 1984) the court of appeals reversed a jury verdict in imporerly instructed the jury regarding the BFOQ defense. The district court had instructed the jury that the FBOQ analysis was different where public safety was at issue than where it is not. The court remanded for proper jury instruction and also noted that the company had a heavy burden in proving BFOQ.

The court made several other rulings worthy of note. First, it rejected United's argument that disparate impact is not an available theory of discrimination under the ADEA. It also ruled that United cannot justify discrimination against older pilots by claiming that it can accommodate the number of younger pilots that wish to downgrade but not the larger number of older pilots. The court held that such arguments of "economic efficiency" are insufficient justifications for age discrimination.

Two other cases were reported dealing with defenses to the ADEA. In *EEOC* v. *Westinghouse Electric Corp.*, No. 83-5008 (3rd Cir. 1983) the court held that eligibility for retirement benefits is not a reasonable factor other than age. Therefore, the court held older employees could not be terminated without severence pay received by younger employees who were terminated simply because the older, and not the younger, receive retirement beenfits upon termination. The same result was reached in *EEOC* v. *Bordens Inc.*, No. 83-1701 (9th Cir.).

In *EEOC* v. *Bord of Trustees of Wayne County Community College*, No. 82-2565 (6th Cir.) the court summarily affirmed the district court's dismissal of an ADEA action on the ground that the charging party was not an employee under § 11(f) of the ADEA since he was appointed by elected officials—the school board—to a policy-making position—president of the college.

In *Gorman & EEOC* v. *Eastern Airlines*, No. 83-5213 (11th Cir. 1984) the court held that, while § 7(c)(1) of the ADEA prohibits private actions from being filed after the Commission has filed a related suit, it does not preclude the continuance of an action initiated prior to the Commission's suit.

Finally, important rulings regarding ADEA remedies were issued by the Tenth Circuit in *EEOC* v. *Prudential Federal Savings & Loan Association*, Nos. 82-2444 & 83-1073. First, the court held that future damages—front pay—may be awarded in ADEA actions when the preferred remedy of reinstatement is found by the district court to be inappropriate because of the employer's hostility toward the charging party. Second, the court held that an employer should be found guilty of "willful" violations of the act where it "acted in the face of the ADEA and was fully aware that the act was in the picture." Consequently, ADEA plaintiffs need not prove a company acted with specific intent to violate the act.

The following is a descriptive list of the ADEA actions filed in fiscal year 1984 by the EEOC Trial Division:

Jackson County. W.D. Mo., No. 83-1118-CV-W-1, filed October 11, 1983, St. Louis district office. One-on-one: Termination of the charging party, age 54, from his job as a "farm appraiser," while retaining a lower rated employee, age 23, in same job.

City of Pittsburgh. W.D. Pa., No. 83-2712, filed October 27, 1983, Philadelphia district office. Pattern-or-practice: Challenge to policy of forcing police officers, including officers engaged in administrative functions, to retire at age 65.

North Strabane Township. W.D. Pa., No. 83-2729, filed October 28, 1983. Philadelphia district office. One-on-one: Termination of part-time police officer, age 67, for age discriminatory reasons, despite continuing superior performance.

Westinghouse Electric Corp. E.D. Pa., No. 83-5457, filed November 10, 1983, Philadelphia district office. Pattern-or-practice: Older employees denied severance pay, because they were already eligible for retirement when two plants closed.

Port of Portland. D. Ore., No. 83-1821, filed November 29, 1983, Seattle district office. Pattern-or-practice: Challenge to policy of forcing firefighters to retire at age 60.

Cummins Diesel Engines, Inc. W.D. Pa., No. 84-388, filed February 17, 1984, Philadelphia district office. Pattern-or-practice: Termination of two oldest "territory managers," ages 59 and 66, as the result of a reorganization and reduction-in-force.

Mayor and City Council of Baltimore. D. Md., No. N-84-689, filed February 21, 1984, Baltimore district office. Pattern-or-practice: Challenge to policy of refusing to consider any individuals age 35 or older for employment as a police officer.

City of Tampa. M.D. Fla., No. 84-379-CIV-T-13, filed March 13, 1984, Miami district office. Pattern-or-practice: Challenge to policy of refusing to consider individuals age 31 or older for employment as police officers or firefighters.

Delta-Montrose Electric Association. D. Colo., No. 84-M-547, filed March 15, 1984, Denver district office. One-on-one: Threatened retaliatory discharge of defendant's manager of employee relations for cooperating in an EEOC investigation of 14 ADEA charges alleging unlawful layoffs.

McGraw-Edison Co. W.D. Pa., No. 84-643, filed March 15, 1984, Philadelphia district office. Pattern-or-practice: Severance payments to former employees cut off in retaliation for the filing of charges alleging that layoffs were conducted in an age discriminatory manner.

Steel of West Virginia, Inc. and United Steel Workers' Local 37. S.D. W. Va., No. 84-3264, filed March 23, 1984, Philadelphia district office. Pattern-or-practice: Involves a collective bargaining agreement under which retirement-eligible employees were automatically retired when laid-off, while younger employees remained eligible for eventual or possible recall.

United States Steel Corp. W.D. Pa., No. 84-702, filed March 23, 1984, Philadelphia district office. Pattern-or-practice: Challenge to policy of requiring all laid-off employees to sign a release agreement, waiving ADEA rights (among other things), as a precondition of receiving severance and/or retirement benefits.

Merrill Lynch, Pierce, Fenner & Smith, Inc. E.D. Wis., No. 84-C-0997, filed January 20, 1984, Milwaukee district office. One-on-one: Demotion of account executive, age 62, on grounds that he lacked special training on high-tech equipment, where employer refused to provide training which was given to younger employees.

Fairfax County. E.D. Va., No. 84-83-A, filed January 27, 1984, Baltimore district office. One-on-one: Highly qualified CPA, age 55 and retiring from Federal Government service, rejected for low level auditor job in favor of a much less qualified individual aged 31.

Goodyear Tire and Rubber Co. N.D. Ohio, No. C-84-400-A, filed February 3, 1984, Cleveland district office. Pattern-or-practice: Challenge to policy of removing company pilots from flight status at age 60.

American Air Filter Corp. W.D. Ky., No. 84-0155-L-B, filed February 6, 1984, Memphis district office. Pattern-or-practice: Challenge to policy of restricting or denying severance payments to retirement-eligible employees,

State of Florida N.D. Fla., No. 84-7039-WS, filed February 6, 1984, Miami district office. Pattern-or-practice: Challenge to policy of requiring State highway patrol officers to retire at age 62.

Suffolk Transportation Services, Inc. E.D. N.Y., No. 84-Civ-0471 (FXA), filed February 9, 1984, New York district office. Pattern-or-practice: Challenge to State regulation prohibiting the employment of school bus drivers age 65 or older.

Boeing Co. W.D. Wash., No. 84-187, filed February 15, 1984, Seattle district office. Pattern-or-practice: Challenge to practice of removing pilots from flight status at age 60.

Ford Motor Co. W.D. Mo., No. 83-1324-CV-W-5, filed December 7, 1983, St Louis district office. Pattern-or-practice: Challenge to policy of considering "promotability" in selecting management employees for RIF, since older employees had historically been classified as lacking potential for promotion and since the older employees generally continued to be classified as such.

State of New York. N.D. N.Y., No. 84-CV-12, filed S.D. N.Y., December 12, 1983, New York district office. Pattern-or-practice: Challenge to state law requiring state police officers to retire at ages 55 or 60, depending on rank.

Trabucco; (Branscombe. v.)—intervention. D. Mass., No. 83-0540-F, complaint filed December 27, 1983, New York district office. Pattern-or-practice: Challenge to a state law requiring all state police officers to retire at age 50, regardless of whether or not they are engaged in purely administrative duties.

City of Waco. W.D. Tex., No. W-84-CA-6, filed January 6, 1984, Dallas district office. Pattern-or-practice: Challenge to policy of refusing to provide any long-term disability insurance coverage from employees who become totally disabled after attaining age 60.

Hampton Institute. E.D. Va., 84-8-NN, filed January 19, 1984, Baltimore district office. One-on-one: Refusal to promote charging party, age 65, to the position of Associate Director of Student Affairs for the stated reason that he was "near the age of retirement."

County of Los Angeles. C.D. Cal., No. CV84-0398-LEW, filed January 19, 1984, Los Angeles district office. Pattern-or-practice: Challenge to policy of refusing to consider any individual age 35 or older for permanent employment as an ocean lifeguard, even where an individual is already working full-time as a temporary lifeguard.

Borough of Coraopolis. W.D. Pa., No. 84-736, filed March 26, 1984, Philadelphia district office. Pattern-or-practice: Challenge to a State law requiring termination of the oldest, retirment-eligible firefighters first during any reduction in force.

WCAU-TV—Division of CBS, Inc. E.D. Pa., No. 84-1886, filed March 30, 1984, Philadelphia district office. Pattern-or-practice; Failure to transfer and eventual discharge of news film technicians following introduction of electronic news gathering.

Encore Associates, Inc. W.D. Pa., No. 84-856, filed April 6, 1984, Philadelphia district office. Pattern-or-practice: Refusal to recall older waitress, who were temporarily laid off when restaurant closed for remodeling after change in management, while recalling younger waitresses and hiring many new young waitresses.

Sayad, et al. E.D. Mo., No. 84-0894, filed April 18, 1984, St. Louis district office. Pattern-or-practice: Challenge to policies of the St. Louis Metrolpolitan Police Department of refusing to consider individuals over age 33 for employment as police officers, and of forcing officers to retire at age 65.

Bennett Paper Corp. E.D. Mo., No. 84-1031-C(2), filed May 2, 1984, St. Louis district office. One-on-one: Termination of long-time secretary, age 56, allegedly as the result of a reduction-in-force, while employer retained a much less senior secretary, age 21.

Smith Aerial Surveys, Inc. S.D. FLa., No. 84-6425-EPS, filed May 2, 1984, Miami district office. One-on-one: Publication of help-wanted advertisement for "young sales representatives" and refusal to hire a qualified applicant, age 46, while hirign several applicants in their twenties.

County of Los Angeles. C.D. Cal., No 84-3181-Kn(MCX), filed May 3, 1984, Los Angeles district office. Pattern-or-practice: Challenge to policy of mandatorily retiring all safety employees at age 60.

City of St. Clair Shores (Van Becelaere v.)—State court intervention. Mich Cir: Ct., No. 84-956—CZ, answer filed May 8, 1984, Detroit district office. Pattern-or-practice: Intervention to defend settlement agreement providing that city would cease practice of refusing to consider individuals age 40 or older for employment as police officers or firefighters.

Commonwealth of Massachusetts, et al. D. Mass., No. 84-1539-MA, filed May 16, 1984, New York district office. Pattern-or-practice; Challenge to State law, requiring all municipal law enforcement officers to retire at age 65, regardless of whether they are engaged in any line duties or in purely administrative positions.

Production Workers' Local 400. S.D. N.Y., No. 84-3241, filed May 17, 1984, New York district office. Pattern-or-practice: Refusal to allow union members age 50 or older to cash-out the present value of their accrued pension benefits by permanently withdrawing from employment in any business subject to the pension plan.

Cato's Corp. E.D. N.C., No. 84-20-CIV-2, filed May 17, 1984, Charlotte district office. Pattern-or-practice: Refusal to hire and termination of older black female sales employees at a retail clothing store, where employer stated a need to bring in some young whites in order to balance the workforce.

Housing Authority of the City of Hammond. N.D. Ind., No. H84-0347, filed May 18, 1984, Indianapolis district office. One-on-one: Retaliatory discharge of painter who had been rehired pursuant to a prior ADEA settlement agreement.

New Mexico State Police. D. N.M., No. 84-797-BB, filed May 21, 1984, Denver district office. Pattern-or-practice: Challenge to State law requiring all State police personnel, except the director, to retire at age 62.

KDM School Bus Co.. S.D. N.Y., No. 84-CIV-3861, filed June 1, 1984, New York district office. Pattern-or-practice: Challenge to State regulation prohibiting the employment of school bus drivers age 65 or older.

Newark Board of Education. D. N.J., No. 84-2176-SA, filed June 5, 1984, Philadelphia district office. One-on-one (with pattern-or-practice implications): Refusal to provide health insurance to employee over age 65, because the employer provided only Medicare-supplemental coverage for employees age 65 or older and the employee was not eligible for Medicare (because of insufficient Social Security participation).

Eagle-Picher Industries, Inc. S.D. Ohio, No. C-1-84-0859, filed June 5, 1984, Cleveland district office. Pattern-or-practice: Challenge to employer's policy of age-60 mandatory retirement of pilots.

Kaiser Aluminum Chemical Corp. S.D. W.Va., No. 84-A-060, filed June 15, 1984, Philadelphia district office. Pattern-or-practice: Statistical evidence, and some confirming anecdotal evidence, showing that older employees were terminated in substantially greater numbers and percentages than younger employees during a reduction-in-force.

World Boxing Association. D. Nev., No. CV-LV84-411-HEC, filed June 25, 1984, Seattle district office. Pattern-or-practice: Challenge to policies of refusing to certify individuals age 45 or older as boxing referees and of decertifying referees at age 60 and judges at age 65.

New York City Housing Authority. S.D. N.Y., No. 84-CIV-4547, filed June 27, 1984, New York district office. Pattern-or-practice: Challenge to policy of mandatory retiring all housing authority police who have attained at least age 63 and completed at least 20 years of service.

Times Mirror, Inc. & Newsday, Inc. S.D. N.Y., No. 81-CIV-4692, filed July 5, 1984, New York district office. Pattern-or-practice: Challenge to practice of providing only reduced severance benefits for employees aged 61-63, and of denying severance benefits to employees over age 63.

California Public Employees Retirement System. E.D. Cal., No. S-84-0867-MLS, filed July 6, 1984, San Francisco district office. Pattern-or-practice: Challenge to State law requiring certain safety employees to retire at age 65.

Power Piping Co. W.D. Pa., No. 84-1671, filed July 9, 1984, Philadelphia district office. Oldest, most senior and highest paid "pricing clerk" laid off, despite good work record, while younger employees were retained in the same position.

New Jersey State Police. D. N.J., No. 84-2733(JWB), filed July 9, 1984, Philadelphia district office. Pattern-or-practice: Make whole relief sought for former State police officers mandatorily retired at age 55 before the State ceased that practice.

Ethan Allen, Inc. W.D. Pa., No. 84-210-E, filed July 11, 1984, Philadelphia district office. Pattern-or-practice: Many younger and less senior clericals and administrative employees retained in preference to more experienced and equally qualified older employees.

State University of New York, Old Westbury College. E.D. N.Y., No. CV84-3109(FXA), filed July 24, 1984, New York district office. Pattern-or-practice: Denial of tenure to, and consequent termination of older faculty members, while younger faculty colleagues, were permitted to delay such tenure consideration in order to continue their employment.

Acme-Cleveland Corp. N.D. Ohio, No. C84-2327, filed July 25, 1984, Cleveland district office. One-on-one (with pattern-or-practice implications): Involves a policy of denying severance benefits to employees eligible for "normal retirement" at age 65.

Temple Israel of Hollywood. C.D. Cal., No. 84-5898-RG(MCX), filed August 10, 1984, Los Angeles district office. One-on-one: Refusal to renew contract of nursery school director, age 62 and with an excellent performance record, for overtly age-discriminatory reasons.

State Employees Credit Union. E.D. N.C., No. 84-955-CIV-5, filed August 16, 1984, Charlotte district office. Pattern-or-practice: Statistical and overt evidence showing an age discriminatory failure to hire qualified older applicants as "loan officer trainees."

Commonwealth of Massachusetts. D. Mass., No. 84-2593-T, filed August 22, 1984, New York district office. Pattern-or-practice: Challenge to State law which precludes persons age 35 or older from taking a qualifying examination for possible employment as a correctional officer.

Commonwealth of Massachusetts, et al. D. Mass., No. 84-2595-AM, filed August 22, 1984, New York district office. Pattern-or-practice: Challenge to State law requiring all municipal firefighters to retire at age 65.

Commonwealth of Kentucky. E.D. Ky., No. CA-84-62, filed August 29, 1984, Memphis district office. Pattern-or-practice: Challenge to State law requiring that all State police officers retire at age 55.

City of St. Louis. E.D. Mo., No. 84-2063-C(5), filed August 29, 1984, St. Louis district office. Pattern-or-practice: Challenge to policies of refusing to consider individuals over age 30 for employment as firefighters and of mandatorily retiring firefighters at age 60.

Transit Authority of River City. W.D. Ky., No. C-84-0924-L-A, filed September 5, 1984, Memphis district office. Pattern-or-practice: Challenge to policy of refusing to consider any individual age 45 or older for employment as a municipal bus driver.

City of Perry. N.D. Fla., No. 84-7528-T, filed September 21, 1984, Miami district office. Pattern-or-practice: Challenge to policy of refusing to consider any individual age 35 or older for employment as a police officer.

City of Yonkers. S.D. N.Y., No. 84-Civ-6831, filed September 21, 1984, New York district office. Pattern-or-practice: Involuntary retirement of police officers and firefighters at age 64.

City of Memphis. W.D. Tenn., No. 84-2777-MB, filed September 27, 1984, Memphis district office. Pattern-or-practice: Relief sought for police officers/firefighters mandatorily retired at age 60 pursuant to a former city ordinance.

Granite City Community School District No. 9. S.D. Ill., No. 84-5389-A, filed September 27, 1984, St. Louis district office. Pattern-or-practice: Constructive discharge of employer's two oldest school principals, who were demoted into teaching positions as part of a school closing program.

FEDERAL SECTOR ADEA PROCESSING

Federal employees and applicants for Federal jobs who believe that they have been discriminated against on the basis of their age in employment may initiate the same administrative process as that used by employees and applicants who believe they have been discriminated against under title VII. During fiscal year 1983, 8.5 percent of the allegations made in formal complaints filed with the agencies were on the basis of age. Data for fiscal year 1984 are not yet available.

ITEM 20. FEDERAL COMMUNICATIONS COMMISSION

December 13, 1984.

Dear Mr. Chairman: This is in response to your letter of October 17, 1984, requesting information on Commission activities in fiscal year 1983, 1984, and 1985 that affect the elderly either directly or indirectly.

While the Federal Communications Commission does not focus solely on the needs of the elderly, certain of its actions indirectly affect this important segment of the population. Therefore, the Staff Summary of FCC Activities Affecting the Elderly has been enclosed for you to incorporate into the Senate Special Committee on Aging report, Developments in Aging.

During the past several years, the Commission has participated in legislation and rulemaking designed specifically to help the handicapped, categories of which include the deaf and hearing impaired, blind and physically disabled. Since a significant proportion of people aged 65 or older falls into these categories, consideration of telecommunications needs of the handicapped is a matter of interest to the elderly community, although perhaps not specifically directed to the elderly.

We at the Federal Communications Commission will continue our efforts to be attentive to telecommunications matters that affect the elderly.

Sincerely,

Mark S. Fowler, *Chairman.*

Enclosure.

Staff Summary of Federal Communications Commission Activities Affecting the Elderly

The FCC fiscal year 1983 report on this subject discussed several initiatives not completed; these have been updated and new information has been added.

The "Telecommunications for the Disabled Act of 1982" was signed into law on January 3, 1983. This major piece of legislation, for which the FCC is responsible, is of direct import to the aging. The disabled are defined as those persons whose speech, vision, hearing or mobility is impaired. Since a large proportion of disabled also fall into the category of aged, the law is of great interest to that group. On December 1, 1983, the Commission adopted specific rules to implement the Act. These include:

—Telephone companies will be required to make available a hearing-aid compatible telephone, on request to each user who cannot otherwise obtain such a telephone.

—Telephone companies will be required to notify regulatory authorities 6 months in advance of the proposed termination of specialized operator and directory assistance for users of telecommunications devices for the deaf.

—Those companies which supply telecommunications devices for the deaf (TDD's) will be required to supply information on the use of TDD's.

—After January 1, 1985, all telephones which are installed in "essential" locations must be hearing-aid compatible.

—All coin-operated and "emergency use" telephones, which were installed prior to January 1, 1985, must be converted to hearing-aid compatibility by that date.

—Adoption of a uniform nationwide technical standard which will allow confirmation of whether telephones are actually hearing-aid compatible.

—All telephones offered for sale after January 1, 1985, must be accompanied by package labeling or written statements notifying the prospective purchaser whether or not the telephone is hearing-aid compatible, and if not, disclosing that the instrument may not be used as "essential"; and

—Companies may offer specialized telephone equipment, either on a tariffed or untariffed basis as each state may direct.

In regard to the last-mentioned rule, in November 1983, the Commission denied a request by AT&T that it detariff all specialized telephone equipment for the disabled. The Commission decided that it would benefit the disabled to leave to each state regulatory authority the decision whether or not to maintain tariff regulation for this equipment. AT&T subsequently formed a National Special Needs Center, managed by its unregulated subsidiary, AT&T Information Systems, Inc. (ATTIS), as a central point of contact for serving the telecommunications needs of the disabled. In July, 1984, the Commission granted AT&T a waiver to allow ATTIS to continue to support the provision of equipment for the handicapped that remains under tariff on a commingled basis with equipment which some states have detariffed. Most recently, on October 17, 1984, the Commission adopted an order which, while ordering State commissions to submit plans for detariffing embedded CPE owned by independent telephone companies, left to the States the decision whether or not to continue tariff regulation of embedded specialized CPE for the handicapped.

The FCC also completed its rulemaking concerning use a subcarriers by FM radio stations. In the past, a number of FM stations offered radio reading services for the blind on their subcarrier facilities. The new rules expand the potential uses of subcarriers and make available a second subcarrier on each FM broadcast channel. This provides additional basic transmission facilities, one of the most important factors in adding new services of value to the elderly.

On March 29, 1984, the Commission adopted general technical rules that allow the television aural baseband to be used for, among other purposes, augmented audio for the blind. Recent technological developments have made it possible to operate subcarrier signals on the television audio channel in a manner similar to that of FM subcarrier signals. Such subcarriers would be useful for a variety of applications, including TV stereo, and separate programing not related to regular television. This, then, appears to offer further opportunity for increasing the number and geographic availability of transmission facilities for providing service to senior citizens. Potential for use of the aural baseband is great, since each of the 786 commercial stations and 273 noncommercial stations now on the air could be providing subcarrier service. Thousands of hours of service could be provided at virtually no technical cost.

The FCC proceeding to authorize teletext was completed in early April 1983. Teletext is a new form of communication that involves the transmission of textual and graphic data on the vertical blanking interval (VBI)—that portion of the TV signal that appears as a black bar when the picture rolls—of the video portion of the TV signal. The rules for this service provide a broad-based authority that facilitates use of teletext for closed captions and for full screen informational text services such as news, weather, and sports reports, consumer services, and community bulletins. These kinds of services can significantly extend and enhance access of deaf and hearing-imparied persons to electronic mass media sources. Also, closed caption services on the line 21 Telecaption system continue to be available.

On December 22, 1983, the Commission amended part 15 of the rules to establish interim provisions for cordless telephone operations in the 46 and 49 MHz bands (currently assigned for government use). The advent of widespread cordless telephone availability may prove especially useful to the elderly. The telephone is often a primary link for the senior citizen to the outside world, and cordless telephones allow quicker access to those with limited mobility.

Under part 68 of the rules, a number of alarm dialing systems have been registered for use by the elderly. Generally, the person carries a small device containing a low-power radio transmitter. In the event of an emergency, actuation of the device causes a base unit to dial an emergency number and send an appropriate message indicating the type of emergency and the location of the party involved.

ITEM 21. FEDERAL TRADE COMMISSION

DECEMBER 11, 1984.

DEAR MR. CHAIRMAN: In response to your letter of October 17, 1984, I am pleased to forward the annual staff summary of Federal Trade Commission activities affecting older Americans for the year 1984. As this summary indicates, many of the Commission's efforts to police the market for unfair or deceptive practices and to promote a competitive market are particularly significant for older consumers.

I hope this information will be helpful to the committee. Please let me now if we can provide any further assistance.

By direction of the Commission.

JAMES C. MILLER III, *Chairman.*

Enclosure.

STAFF SUMMARY OF FEDERAL TRADE COMMISSION ACTIVITIES AFFECTING OLDER AMERICANS

This report discusses recent activities of the Federal Trade Commission on behalf of older Americans. The first section of this report describes the Commission's health-related activities, which are of particular importance to older Americans because persons over age 65 spend almost three times as much per capita on health care as do other adults. The second section addresses a variety of non-health-related issues that have a disparate impact on older Americans. These include enforcement of the Commission's funeral rule, investigations into the delivery of legal services, issues surrounding credit, investment frauds and mobile homes, and activities in the real estate and brokerage industries. The final section describes the Commission's consumer education activities that are of special significance to older consumers.

HEALTH-RELATED ACTIVITIES

Nursing Homes

Currently, about 23,000 nursing homes provide care to approximately 1.4 million older residents in the United States. Allegations have been made that some nursing homes fail to disclose important information to potential residents prior to admission. Others have claimed that some homes charge inflated prices, or even charge for services not rendered, and conceal their practices by failing to provide itemized bills. In response, the Commission has initiated a study designed to collect systematic evidence regarding the existence and incidence of these and other alleged practices and their potential for injury to prospective and actual nursing home residents. The results of this study may provide the Commission with information needed to pursue unfair and deceptive nursing home practices that may harm older people and their families.

In addition, the Commission's staff is participating in a 22-month study of nursing home regulation being conducted by the Institute of Medicine, of the National Academy of Sciences. The study, funded by the Department of Health and Human Services, is addressing questions related to the objectives and effectiveness of current nursing home regulation, how regulation affects the quality of patient care, and how Federal and State policies and regulations should be modified to best achieve regulatory objectives.

Prescription Drugs

Persons aged 65 and over comprise 11 percent of the population, but pay 25 percent of the national prescription drug bill. Consequently, savings on prescription drug purchases are especially significant for older consumers. In 1979, the Commission's staff completed an examination of State laws that prevent pharmacists from substituting lower cost generic drugs for brand name pharmaceuticals, and concluded that modification of these State laws could result in significant consumer benefits with no compromise in the quality of the drugs that consumers receive. The Commission's staff, in conjunction with the Food and Drug Administration, proposed a model drug product selection statute for consideration by the States. The staff continues to provide assistance to States contemplating legislation on this issue.

Several States have adopted the model law, in whole or in part. The Commission's Bureau of Economics has been conducting a study to determine if consumers in States that have adopted the model law have received benefits the law was designed to provide. The study is nearly complete and a report should be available in the early part of 1985.

Hearing Aids

The majority of hearing aids are purchased by older individuals as more than 40 percent of persons over 65 have some type of hearing impairment. In 1975, the Commission began a rulemaking proceeding dealing with the advertising and sale of hearing aids. Under consideraiton is a proposal to provide consumers with a 30-day trial option during which a consumer could evaluate the aid and return it, upon the payment of a cancellation fee, if it proved unsatisfactory. The trial period would be intended to prevent such alleged practices as manufacturer and seller overstatements of the value of hearing aids and high pressure sales tactics, and to protect consumers from a potential risk that a hearing aid may not provide the expected benefit. The Commission is expected to consider the proposal in 1985, after it receives the results of a study currently underway examining the effects of similar state regulations on the experience of recent hearing aid purchasers. Among the questions that the Commission will consider are whether the record demonstrates that deceptive and unfair practices are prevalent, and whether the benefits of the proposed rule would outweigh its costs.

Vision Care

Over 90 percent of persons aged 65 and over wear corrective lenses. The Commission has two programs designed to lower the price of vision care. The first, the "Eyeglasses Rule," gives consumers the legal right to obtain a copy of their prescription after having their eyes examined, thereby enabling them to comparison shop for eyeglasses.

The second program, known as "Eyeglasses II," has recently resulted in a Commission decision to begin a rulemaking to examine the effects on consumers of state and local restrictions on opticians' and optometrists' forms of commercial practice. For example, the proceeding will examine whether there are harmful effects that flow from restrictions inhibiting the so-called "commercial" practice of optometry, including restrictions that prevent optometrists from practicing under a trade name, working for a lay corporation, locating their practice in a commercial setting, and operating branch offices.

Dental Care

The Commission's staff is continuing its study of the effects on consumers of certain restrictions (similar to those described in the discussion of "Eyeglasses II") on the "commercial" practice of dentistry. (These types of commercial dental practices were also discussed in a report prepared for the Commission called "Entrepreneurial Trends in Health Care Delivery: The Development of Retail Dentistry and Freestanding Ambulatory Services.") The results of the study of restrictions on "commerical" dental practice should be available in early 1985.

Advertising by Health Care Professionals

Advertising by professionals in general, and by health care providers in particular, has grown tremendously since the mid-1970's. The Commission vigorously supports the rights of professionals to advertise in a truthful and nondeceptive manner. However, the Commission also recognizes the importance of policing the marketplace to insure that health professionals do not engage in deceptive or misleading advertising practices.

The Commission's staff works closely with professional organizations in health care to help them develop ethical codes that protect against deceptive advertising without infringing on the rights of professionals to advertise truthfully. As part of its efforts in this area, the Commission sponsored a national symposium in April 1984, on "Advertising by Health Care Professionals in the 1980's." The symposium featured experts in most facets of professional advertising and was attended by more than 100 representatives of health care groups. The program continued the Commission's relationship and expanded the Commission's dialogue with these groups, and provided information needed by the Commission for effective enforcement programs against deceptive professional advertising. The proceedings of this symposium will be published in late 1984.

—In some cases more formal measures are needed to ensure professionals' right to advertise, and consumers' right to receive truthful information. For example, in 1984, the Commission obtained a consent order prohibiting the Washington, D.C. Dermatological Society, an association of health professionals, from restricting truthful advertising by its members. This order enables physicians to advertise information of importance to older Americans, such as prices for routine services, availability of discounts for older Americans, types of treatment, professional training, experience and special expertise. The association is not, however, prohibited from adopting reasonable ethical guidelines to protect the public from false or deceptive advertising.

Finally, in 1984, the Commission issued a complaint alleging that the Louisiana Board of Dentistry coerced dentists into abandoning their efforts to advertise truthful information about discounts from their usual fees. This case is now in litigation.

Food and Drug Advertising

An important part of the Commission's effort to protect the public from deceptive food, drug, and health care claims is its advertising monitoring program. Recognizing that ads for some types of products and services, such as those that might be characterized as "quack" remedies, may never appear on the radio and televisions networks or in major newspapers and magazines, the staff has developed special monitoring programs to detect ads for these products. This program monitors ads in health magazines catering to individuals who believe in nontraditional treatments for diseases, and tabloid publications, where ads for "quack" products typically appear. Staff efforts have proven quite successful in identifying targets for Commission action. In addition, the Commission's ongoing contacts with other Federal and State officials have been useful for identifying potential targets and projects. The

Commission also obtains tips and project ideas from private groups such as the American Association of Retired Persons (AARP).

The Commission places special emphasis on policing false and deceptive claims in food advertising. A U.S. Department of Agriculture study showed that persons over 65 spend about 22-percent of pretax income on food, compared to seventeen percent for persons under 65. For the poor in this group, this increases to as much as 40 percent. Older consumers, who watch more television than any other group, are heavily exposed to food advertising. Consequently, the Commission's staff conducts extensive monitoring to determine current issues in food advertising and to identify new ad campaigns presenting the greatest potential for consumer injury. For example, the staff's monitoring indicates that nutritional and other composition claims—e.g., low-sodium, low-sugar, low-calorie, fiber content, caffeine—are now particularly popular in food ads. Moreover, recent research conducted by the Roper Organization confirms that low-sodium and low-sugar claims are important to consumers.

Currently, the Commission has many more initial phase investigations of food ads than in previous years, and the Commission's expanded efforts can be expected to provide benefits, both in terms of the quantity and the quality of our actions and in our ability to move quickly against law violations.

One example of a case in which the Commission moved quickly against an ongoing deceptive food campaign is *PharmTech*, which claimed that its dehydrated vegetable capsule, "Daily Greens," would reduce the incidence of cancer. PharmTech began a massive national advertising campaign, claiming support for its claims from a recent report of the National Academy of Sciences. Based on the evidence supporting the Commission's complaint allegations that the report did not in fact provide such support, the Commission obtained a preliminary injunction in federal court temporarily halting the advertising. The Commission ultimately obtained a consent agreement with PharmTech permanently barring such claims.

In March 1984, the Commission brought an action against General Nutrition, Inc., charging that it falsely advertised a similar product called "Healthy Greens." General Nutrition is a large retailer of health-related products, with annual sales of over $350 million and over 1,000 retail stores nationwide. The Commission staff is seeking a cease and desist order against General Nutrition to prevent allegedly false or unsubstantiated claims for "Healthy Greens" as well as all other products marketed by the company with claims of disease prevention or cure.

In addition to pursuing products making prevention claims, the Commission staff also examines performance and therapeutic claims for health care products. For example, in January, the Commission issued a complaint against P. Leiner Nutritional Products concerning nationally advertised claims that its wheat germ oil pill, Octacol 4, improves vigor, stamina, and endurance—claims the Commission alleges are unsubstantiated. This matter recently was withdrawn from adjudication in order to consider a proposed consent agreement.

The Commission also investigated Estee Corp., a manufacturer of food products for diabetics, and challenged Estee's therapeutic claims for its foods. That case ended in November 1983 with a consent order prohibiting certain misleading claims, including representations that the advertised food would *not* elevate the blood sugar level of diabetics. The order also required a $25,000 payment by Estee to a diabetes research organization.

In the area of drug advertising the Commission is pursuing many types of fraudulent and deceptive claims, including performance, pain relief, and safety claims. All of these are likely to be important to older consumers because of the higher incidence of health problems among this population.

Some Commission investigations involve cure claims for arthritis—a condition affecting millions of older Americans. Because arthritis causes substantial suffering and has long-term debilitating effects, arthritics are particularly vulnerable to claims that a "miracle" product will stop their pain and suffering.

The staff has also pursued products making arthritis *relief* claims. For example, the Commission recently accepted a consent order (subject to final approval) with Biopractic Group, Inc., to settle charges concerning claims it made for its Therapeutic Mineral Ice product. According to the complaint, Biopractic claimed that Mineral Ice (a topical rub) relieves inflammation and stiffness characteristic of arthritis and other musculo-skeletal ailments without having a reasonable basis to support those claims. The complaint also charges that Biopractic falsely claimed that doctors and medical centers praised Mineral Ice. Under the agreement, Biopractic is prohibited from making these claims about Mineral Ice unless it has adequate substantiation. To make claims of relief from inflammation and stiffness caused by arthritis and other musculo-skeletal diseases, Biopractic must satisfy U.S. Food and

Drug Adminstration standards or provide evidence from two well-controlled clinical tests.

The Commission also obtained a consent agreement against Adria Labs, the manufacturer of an over-the-counter analgesic named Efficin. The order prohibits Adria from making safety claims comparing Efficin to aspirin without also disclosing that it may produce side effects similar to those produced by aspirin.

Recently, the Commission accepted a consent agreement with Thomas A. Dardas the president of a weight control center, who agreed not to misrepresent the effectiveness of his diet devices. According to the complaint, advertising for his Acu-Form ear-mold claimed that wearing the ear-mold (which was made of plastic embedded with steel pellets to stimulate acupuncture points) would control hunger, and purchasers could then lose weight effortlessly. The ear-mold and weight-loss counseling usually cost $300.

In August, the Commission sued a hair analysis testing service charging that the defendants made false claims about the testing services it offered through the mails. According to the Commission's complaint, the ads claim that hair analysis identifies the consumer's bodily mineral deficiencies and excesses and that these associated with physical and mental disorders such as diabetes and arteriosclerosis. The Commission further alleged that the defendant's recommendation to repeat the hair analysis every four months and to check the results of taking dietary supplements sold by the defendant may lead some individuals to forego proper medical attention during that time and expose them to substantial health risk or injury. The Commission is seeking an order that will permanently bar the sellers from making deceptive claims. While the litigation is pending, the Commission has obtained temporary restraining orders against the defendants barring misrepresentations regarding the use of hair analysis to diagnose health conditions and preserving defendants' assets for possible redress to purchasers.

The staff's special monitoring activities have also resulted in investigations of a relatively new phenomenon—antiaging advertising claims. Although scientists have recently advanced a number of theories to explain the aging process, there is no consensus as to the validity of any of these theories. Nonetheless, a number of companies are using these theories to advertise drugs and food supplements, making bold claims that the products will retard aging. The Commission is investigating several of these companies to determine if their ad claims are false or unsubstantiated.

Hospital Mergers

The FTC has charged two of the Nation's major hospital chains with violating the antitrust laws through their acquisition of competing hospitals. The Commission issued its opinion on July 2, 1984, ruling that American Medical International's acqusition of a hospital in San Luis Obispo, California was likely to lessen competition substantially and ordering divestiture of the illegally acquired hospital. A second case challenged the Hospital Corporation's of America's acquisition of two other hospital chains. An administrative law judge issued a decision on October 30, 1984, ruling the HCA's acquisitions of hospitals in the Chattanooga area in Tennessee violated the antitrust laws. This decision may be appealed to the Commission.

NON-HEALTH-RELATED ACTIVITIES

Funerals

The Federal Trade Commission's funeral rule became fully effective on April 30, 1984. Based on a rulemaking record developed over several years, the Commission found that certain common business practices used by funeral directors restricted consumers' ability to choose the funeral goods and services they want, and hindered healthy price competition.

To remedy these practices, the funeral rule seeks to increase consumer access to accurate information prior to, and at the time of purchase. Specifically, the rule (1) requires funeral directors to provide consumers with itemized, presale price disclosures; (2) prohibits misrepresentations of legal and cemetery requirements and of the preservative or protective value of embalming, caskets, and vaults; (3) prohibits funeral directors from requiring a casket for cremation, or any other tie-in arrangements; (4) prohibits funeral directors from charging for goods and services not specifically ordered, such as embalming; and (5) requires funeral directors to provide on request, price information over the telephone.

During the past year, the Commission's staff has worked closely with consumer and business groups to educate their members about the rule. To assist consumers, particularly older individuals, in understanding the funeral rule, the staff has developed a television public service announcement to inform the public about their new rights. This PSA has been distributed to 500 major markets across the country and is getting widespread airplay. In addition, the Commission's staff has distributed a consumer brochure explaining the new rule.

Delivery of Legal Services

The Commission's staff is continuing to study whether various public and private restrictions on advertising and other marketing practices by lawyers limit competition, restrict consumer access, and raise the cost of legal services. Some experts believe that legal fees are, on the average, lower in States with fewer advertising restrictions, but that overall quality in those States remains just as high. Removing restrictions may particularly benefit older Americans whose income often exceeds limits established by government-sponsored assistance programs, yet may be insufficient to cover high legal fees. A staff report on these issues should be available in December 1984.

Credit

One important way in which the Commission protects older consumers is by aggressively enforcing the age discrimination provisions of the Equal Credit Opportunity Act (ECOA). Athough Federal law permits creditors to consider information related to age, creditors may not deny, reduce or withdraw credit solely because an otherwise qualified applicant is over a certain age. Futhermore, retirement income must be included in rating a credit application, and credit may not be denied or withdrawn because credit-related insurance is not available to persons of a certain age.

In 1983, the Commission filed its first discrimination complaint against Aristar, Inc., charging that Aristar's subsidiary, Blazer Financial Services, denied loans to applicants, including those who relied on public assistance or retirement benefits, because of their age or because they were not employed full-time. The Commission obtained a consent agreement that enjoined Aristar from such practices in the future and required Aristar to pay a civil penalty.

In 1984, the Commission brought another enforcement action under the ECOA to challenge discriminatory practices against older credit applicants on the grounds that certain restrictions are not reasonably related to creditworthiness. The Commission filed suit against Landmark Financial Services, Inc., charging that Landmark and its fourteen subsidiaries discriminated against older borrowers by offering loan terms less favorable than those provided to similarly qualified younger applicants. Specifically, the Commission alleged that Landmark's policy placed a 3-month limit on loans to applicants over age 70, and a 12-month limit on loans to persons between 65 and 70. The Commission is seeking civil penalties and an order barring Landmark from practicing such discrimination.

In addition, the Commission's staff is pursuing several nonpublic investigations of creditors for possible illegal discrimination against older consumers. These cases involve such issues as discouraging older people from submitting applications, refusing to consider income from retirement sources, and denying credit to applicants who are not employed full-time.

Investment Frauds

The Commission's investment fraud program is another excellent example of a program that benefits all consumers, but especially older, retired citizens. Investment frauds, conducted by what are often termed "Wats-Line hustlers," frequently victimize the public through false promises of large returns on "safe" investments. These frauds obviously harm all investors, but they can particularly hurt older investors, who are vulnerable prey for fraudulent operators and who are often ill-prepared to absorb the losses. Some investment fraud firms have bilked consumers of $5,000 to $10,000 each by promising large returns for investments in gemstones, precious metals, or oil and gas leases. These firms usually employ telephone "boiler room" sales persons who use high-pressure, polished sales pitches.

Fraud cases, especially those involving oral misrepresentations, are very difficult to investigate. Consumers, however, suffer substantial injury as a result of such fraudulent practices. Consequently, the Commission has developed an active fraud program, particularly in the investment area.

Since 1982, the Commission has succeeded in placing 71 named defendants under preliminary or permanent district court orders barring fraudulent and deceptive practices. The Commission has also obtained court orders freezing personal and corporate assets that may be used for consumer redress. In one case, for example, the Commission obtained an order freezing $10 million in assets. The staff estimates that the Commission's actions have halted frauds that could have cost consumers $224 million if allowed to continue. This year the Commission obtained a settlement netting more than $6.7 million in consumer redress from International Diamond Corp., formerly the largest investment diamond seller in the United States.

Older consumers are also attractive targets for deceptive promotions of franchises. For example, the advantages of business opportunity ventures—supplemental income, control over working conditions (i.e., being your own "boss"), and a need for few additional skills--may appeal to many older consumers. The investment may involve a significant amount of money for those involved. Moreover, older consumers may suffer more than younger ones from losing their investment, which may have been set aside as a retirement "nest egg," because they cannot easily recoup it through future earnings.

Alleged misrepresentations by franchisors of earning potential, right to exclusive territories, or product quality have led the Commission to challenge such diverse franchise sales programs as auto parts distributorships, energy management microprocessors, and snack foods. Unsuspecting individuals were investing between $3,000 and $24,000 each in these franchises based on the alleged misrepresentations. Where these practices have been accompanied by violations of the Commission's rules, the Commission has also sought civil penalties.

Mobile Homes

The presence of formaldehyde gases in the ambient air in mobile homes, as well as in other housing, remains a controversial health issue. Medical experts are particularly concerned about the possible effects of formaldehyde on older individuals, who comprise a significant percentage of mobile home residents. In April 1984, the Commission commented on new regulations on mobile home formaldehyde emission product standards and disclosure requirements proposed by the Department of Housing and Urban Development (HUD). The Commission's staff stated that a mandatory notice on mobile homes warning of possible health risks from formaldehyde emissions might be appropriate. Subsequently, HUD issued final rules on mobile home formaldehyde emissions, which include a requirement, consistent with FTC staff's recommendation, that manufacturers prominently post in each home a notice describing possible health problems resulting from formaldehyde exposure. The Commission's staff is continuing to monitor this area.

The Commission also has been interested in another issue concerning mobile homes. Although nearly all new mobile homes are sold with a written warranty, questions have been raised regarding the adequacy of service under these manufacturers' warranties for many owners of new mobile homes requesting such service. For several years, the Commission has conducted a rulemaking proceeding to assess whether Commission action is necessary. The staff expects to present its final recommendations to the Commission in 1985.

In the meantime, the Commission obtained a consent agreement settling allegations that three mobile home manufacturers failed to honor their written warranties and services contracts. Under the agreement, the companies will provide repair work or reimbursements to homeowners who filed legitimate warranty claims or paid for repairs covered under the warranties.

Real Estate "Loan" Transactions and the Brokerage Industry

The Commission has been involved in several different facets of real estate that are of particular concern to older Americans. For example, during the past few years there have been increasing numbers of foreclosure actions by lenders. This has resulted in "new" businesses that can generally be described as "foreclosure help" companies. These companies advertise and offer foreclosure help to homeowners in financial difficulty.

In October 1983, the Commission obtained a preliminary injunction against one such company—R.A. Walker & Associates, Inc. The Commission alleged that the company orally represented the transactions entered into were "loans," when in fact the transactions were "sales." Older, black consumers were particularly affected by the alleged representations. This litigation is continuing in Federal District Court.

The Commission's staff also is investigating other serious problems facing many consumers who have had to use their homes as security for loans to pay medical bills or other personal debts. To avoid compliance with the Truth-in-Lending Act and other consumer protection statutes, some mortgage brokers induce borrowers to sign statements that the loans are for a business purpose. Other brokers persuade consumers to take short-term, balloon loans by orally promising that the loans will be refinanced. Many consumers, including older homeowners, have lost their homes at foreclosure because the creditor subsequently reneged on that promise and failed to provide long-term financing.

CONSUMER EDUCATION ACTIVITIES AFFECTING OLDER AMERICANS

In addition to its law enforcement and economic research activities, the Commission is involved in preparing and disseminating numerous publications, public affairs programs and informational flyers of significant interest to older consumers. These consumer education activities cut across and support all Commission programs. Some of the recent consumer education activities are described below.

Complaint Resolution

The Commission has continued its cooperative efforts with the American Association of Retired Persons (AARP) in distributing *How to Write a Wrong*, a booklet jointly developed by the Commission and AARP that explains how to complain effectively about consumer problems and get results. The booklet contains information about two types of merchandising frequently aimed at older citizens: door-to-door sales and mail order promotions. It also explains why, where, and how to complain. This booklet is a component of a training program developed by the AARP for use in its 5,000 local offices around the country. The FTC and the AARP have distributed more than 250,000 copies of the publication since it was first published in 1983.

Funerals

As noted earlier, the Commission released a consumer television and print education campaign in April 1984, to explain key elements of the funeral rule. The staff distributed television public service announcements to 500 stations, which have widely broadcast the announcements. In response to individual requests, the staff also has sent out more than 100,000 copies of the consumer brochure explaining the rule.

Health

The Commission, in cooperation with the American Association of Retired Persons, is developing a publication entitled "Healthy Questions" to explain how to select and use health care professionals, i.e., doctors, dentists, pharmacists, and vision care specialists. The Commission and AARP hope to begin distributing the publication in December 1984.

Housing

In cooperation with the American Association of Retired Persons, the Commission is developing a publication entitled "Your Home, Your Choice: A Workbook for Older Persons and Their Families." The publication discusses independent and assisted living options. Such information is important for older Americans since more than 90 percent of persons over age 65 live in some form of "independent" housing. When the booklet is completed in December 1984, it will be distributed ty AARP and the Commisison. In addition, AARP will use the workbook as a component of its training program.

Travel

The Commission, in cooperation with the American Association of Travel Agents, released a radio consumer campaign concerning some aspects of travel, including the importance of getting tour and cruise information in writing and of getting clarification of certain terms, such as "first class." This "Know Before You Go" campaign was expected to be of special interest to older Americans because they are a large segment of the traveling population, and persons 55 and older spend the greatest portion of their vacation and travel dollars for package tours. The campaign was released to 2,000 stations in April of 1984.

ITEM 22. GENERAL ACCOUNTING OFFICE

NOVEMBER 30, 1984.

DEAR MR. CHAIRMAN: On October 17, 1984, you requested us to submit a report describing our fiscal year 1984 activities regarding older Americans. The enclosures respond to your request.

Enclosure I lists 41 issued reports (22 with summary information), and enclosure II lists 72 assignments in process as of September 30, 1984. As discussed in enclosure III, at the end of of fiscal year 1984, 40.5 percent of our work force was age 40 and over. Our employment policies prohibited age discrimination, and we continue to provide individual retirement counseling and preretirement seminars.

Sincerely yours,

RICHARD L. FOGEL, *Director*.

Enclosures.

ENCLOSURE I.—*General Accounting Office Elderly Related Reports issued from October 1, 1983, through September 30, 1984*

Medicaid and Nursing Home Care: Cost Increases and the Need for Services are Creating Problems for the States and the Elderly (GAO/IPE-84-1, October 21, 1983)

Nursing home care is the most expensive component of Medicaid: the majority of the Nation's elderly who are in nursing homes rely on this Federal and State program to pay for their care. GAO found, however, that the availability of nursing home service varied widely from State to State. Some elderly were unable to gain access to nursing homes, and others appeared to use them unnecessarily.

GAO found two conflicting trends in the additional data on nursing homes. The first involved a growing need for services: the elderly who resided in nursing homes were becoming increasingly disabled and dependent, while the number who may need to enter them in the next decade is likely to increase. The second is that most States are trying to keep their Medicaid costs down by limiting reimbursement or the supply of beds or both.

Recent policy changes may sharpen this conflict. The new Federal Medicare hospital reimbursement system may unintentionally increase the problems of Medicaid patients waiting in hospitals for nursing home beds. Federal and State cost containment efforts may diminish the quality of nursing home care. Moreover, there are gaps in basic data on (1) program differences among the States, (2) the use of and need for services nationally, and (3) the actual number of hospitalized patients awaiting nursing home beds. These data gaps undermine efforts to predict the effects of policy changes on Medicaid expenditures and on the provision of nursing home care to the Nation's elderly.

Legislative Changes Needed to Financially Strengthen Single Employer Pension Plan Insurance Program (GAO/HRD-84-5, November 14, 1983)

The Federal insurance program for single employer (sponsor) pension plans administered by the Pension Benefit Guaranty Corporation (PBGC) was created by the Employee Retirement Income Security Act of 1974. At the end of fiscal year 1982, the program reported a $333 million deficit because claims from terminating plans accumulated faster than they could be financed from premiums. PBGC estimated that unless premiums were increased this deficit could increase to an estimated $983 million by fiscal year 1987.

Claims result primarily from bankrupt sponsors who are unable to continue funding pension plans. However, other circumstances also contributed to the increasing deficit: (1) full insurance coverage was generally provided for benefits granted retroactively for past service that have received limited sponsor funding; (2) minimum plan contributions by sponsors were deferred with Internal Revenue Service (IRS) approval and remain unpaid upon plan termination; and (3) authority to recover unfunded pension liability for plans from sponsors was limited.

This report contained recommendations to the Congress to financially strengthen the program.

Hospital Merger Increased Medicare and Medicaid payments for Capital Costs (GAO/HRD-84-10, December 22, 1983)

In 1981, the Hospital Corporation of America (HCA) acquired the assets of Hospital Affiliates International, Inc. During the first year after the acquisition, the overall costs of the acquired hospitals increased because of the acquistion by a net amount of about $55 million attributable to changes in interest, depreciation, and home office expenses. A portion of the increased costs was allocated to the Medicare and Medicaid programs.

In accounting for cost items associated with the acquisition, HCA used a number of methods that GAO questioned under Medicare reimbursement principles (which are also generally used by Medicaid). These methods generally increased the amount claimed for reimbursement under Medicare and Medicaid.

Analysis of the Grace Commission's Major Proposals for Cost Control (Joint Study by the Congressional Budget Office and GAO, February 28, 1984)

This report was prepared in response to a request by both the House and Senate Committees on the Budget for an evaluation of the proposals made by the President's Private Sector Survey on Cost Control, also known as the Grace Commission. The report focuses on the recommendations that the Grace Commission estimated would have major budgetary savings and did not cover all of its proposals. The analysis of the major recommendations included estimates of the possible budget effects for fiscal years 1985-89, the likely effect on the Federal programs involved, and the actions necessary to implement the proposals.

In accordance with the Congressional Budget Office's mandate to provide objective and impartial analysis to the Congress, the agency took no position on the relative merits of the Grace Commission's recommendations. However, GAO's views on the merits of the recommendations were included in a number of instances where GAO's prior or ongoing work permitted.

Information on the Senior Community Service Employment Program and the Proposed Transfer to the Department of Health and Human Services (GAO/HRD-84-42, March 12, 1984)

In June 1983, the administration proposed to transfer the administrative responsibility for the Senior Community Service Employment Program from the Department of Labor to the Administration on Aging within the Department of Health and Human Services (HHS). The administration believed that the transfer of this program would permit more effective coordination and delivery of services to older Americans.

Reported program data indicate that the program was successfully meeting quantifiable goals established by legislation or Labor regulations. Also, GAO found no studies, evaluations, or other documentary evidence to indicate that program effectiveness and coordination would increase, if moved. Neither GAO's study nor others indicated there were serious problems with current program operations.

This report also answered specific questions raised on program operations.

Improved Administration of Special Surplus Dairy Product Distribution Program Needed (GAO/RCED-84-58, March 14, 1984)

To help reduce inventories of surplus dairy products, the Department of Agriculture began providing States with products for distribution to the needy in December 1981; through September 1983, 510 million pounds of cheese and 174 million pounds of butter were distributed nationwide.

Because national guidelines were not provided, some States lacked adequate procedures to ensure that only the needy participated in the program. As a result, program administration varied widely, abuses occurred, and displacement of commercial sales was greater than necessary. Displaced sales added to the surpluses the Department bought and stored. Lacking empirical data, GAO estimated the amount of cheese sales that would have been displaced in eight States under stipulated conditions. If the assumed conditions had existed, GAO estimated that about 30 percent of the cheese distributed displaced sales.

The Department issued interim regulated implementing program changes required by recent legislation. GAO recommended that the final regulations be more specific to deal with the major issues discussed in its report.

Need To Better Assess Consequences Before Reducing Taxpayer Assistance (GAO/GGD-84-13, April 5, 1984)

In recent years, as part of an overall effort to deal with escalating Federal budget deficits, the administration has sought to reduce the amounts spent by IRS on taxpayer assistance activities. As a result, the availability of telephone and walk-in assistance had declined. Despite that decline, the administration proposed to further reduce IRS' taxpayer assistance programs in fiscal years 1983 and 1984. The Congress reacted unfavorably to these proposals, in part because of insufficient information on potential effects—not the least of which could be a decline in tax compliance levels. During each of those fiscal years, the Congress directed IRS to operate taxpayers assistance programs at prior year staffing and funding levels.

This report provided the Congress with some of the information it needed to decide the level of funding for this program. It also recomnmended steps IRS could take to (1) provide the Congress with better information to evaluate the potential impact of further assistance program reductions, and (2) continue improving the cost effectiveness of its telephone and walk-in assistance activities.

IRS agreed with the report's conclusions and recommendations.

Veterans Administration Central Office Needs to Exercise Better Oversight of Cardiac Pacemaker Recalls (GAO/HRD-84-33, April 16, 1984)

While Veterans Administration (VA) medical centers receive notification of recalls of defective pacemakers from several sources, stronger central office oversight was needed to insure that (1) patients were informed of pacemaker recalls or the reasons for not informing them are documented in their medical records, and (2) actions taken in response to recalls were in accordance with central office guidance and documented in the patients' medical records. The VA medical centers GAO visited were not effectively managing pacemaker recalls. The medical centers had not (1) removed critically unreliable pacemakers from some pacemaker-dependent patients, (2) recorded information about the recalls in the patients' medical records, or (3) informed the patients that their pacemakers had been recalled or documented reasons why they did not inform patients.

Federal and State Liability for Inaccurate Payments of Food Stamp, AFDC, and SSI Program Benefits (GAO/RCED-84-155, April 25, 1984)

To reduce benefits errors, systems have been established to hold State and Federal organizations financially liable (sanctions) for excessive errors in the day-to-day administration of the Food Stamp, Aid to Families with Dependent Children (AFDC), and Supplemental Security Income (SSI) Programs. GAO found that:

—Error rate limits above which sanctions can be imposed have varied by year, by program, and from State to State for the same program. These variations will continue but not to the extent that previously existed. For fiscal year 1985 and thereafter, the target rates for the AFDC, SSI, and Food Stamp Programs will be 3, 4, and 5 percent, respectively.

—The food stamp system resulted in proportionately smaller sanctions because of (1) its higher target error rate, and (2) its specific procedures for calculating sanction amounts based on a percentage of federally reimbursed administrative costs instead of the amount of benefits issued as in the AFDC and SSI programs.

—States had not reimbursed the Federal Government for any sanction amounts. A major reason was that the Department of Agriculture and HHS had waived States' liability based on their promises to take corrective action. In contrast, the Federal Government has paid or acknowledged owing about $161 million for excessive overpayments of federally administered, State-financed SSI benefits.

Expanded Federal Authority Needed to Protect Medicare and Medicaid Patients from Health Practitioners Who Lose Their Licenses (GAO/HRD-84-53, May 1, 1984)

Medicare and Medicaid patients were being treated in some States by health practitioners whose licenses were revoked or suspended by another State's licensing board because they did not meet minimum professional standards. This occurred because practitioners moved to another State where they had a license and continued to practice. Such practitioners were able to treat Medicare and Medicaid patients because HHS does not have the authority to exclude them from these programs based on State licensing board findings and actions. This raises questions about the quality of care provided to patients using these programs.

Overall, GAO identified several gaps in HHS' exclusion authority which could result in, among other things, practitioners who are excluded from either Medicare or Medicaid continuing to participate in the other program or practitioners who lose their licenses to practice in one State relocating to another State and participating in the programs. HHS planned to seek legislation to close some of the gaps, but HHS still would not have authority to exclude practitioners nationwide when they lose their license because of a State board's actions. GAO believed that HHS could better ensure that Federal beneficiaries receive services only from qualified practitioners if it obtained the expanded exclusion authority.

Assessment of Special Rules Exempting Employers Withdrawing from Multiemployer Pension Plans from Withdrawal Liability (GAO/HRD-84-1, May 14, 1984)

The Multiemployer Pension Plan Amendments Act of 1980 generally made employers withdrawing from plans liable for their portion of the plans' unfunded vested benefits, which is the excess of benefits earned by all plan participants over the plans' assets. However, special rules apply to employers contributing to construction and entertainment industry plans which generally exempt them from the withdrawal liability. A limited exemption is also available to qualified trucking industry plans.

The Congress established the construction industry special withdrawal liability rules in the belief that a withdrawal from a construction pension plan would not typically harm the plan's contribution base unless the withdrawn employer continues to do similar work in the same area. GAO believed that the special withdrawal liability rules were working in a manner envisioned by the Congress. The plans' generally adequate funding levels provide reasonable protection to the plans and the Pension Benefit Guaranty Corporation, a government corporation, which insures the plans' benefits.

GAO also believed the limitation on the exemption for the trucking industry is appropriate because trucking plans are not as sound financially as construction plans. GAO sample data were not sufficient to reach a conclusion on special rules for entertainment plans.

Veterans Administration Justification for two Nursing Home Care Construction Projects in Its Fiscal Year 1985 Budget Request (GAO/HRD-84-66, May 15, 1984)

The 120-bed, $5.4 million project planned by VA for Alexandria, La., appeared to be needed. The 60-bed, $5.2 million project planned for Providence, RI, did not appear to be needed. VA did not adequately consider local needs and resources which indicated that the Providence area will have an ample supply of community and State home beds to meet veterans' nursing home needs in 1990.

Improved Processes Needed to Insure Timely Benefit Payments to Participants of Single Employer Pension Plans (GAO/HRD-84-58, May 31, 1984)

The Pension Benefit Guaranty Corporation, created by the Employee Retirement Income Security Act of 1974, insures the benefits of participants in single employer (sponsor) private pension plans. PBGC is responsible under the act for determining whether terminated plans have sufficient assets to pay guaranteed benefits and assuring timely and uninterrupted benefit payments. PBGC reviews termination data, authorizes administrators of sufficient plans to arrange participants' benefit payments, and assumes responsibility for insufficient plans to pay participants' benefits directly.

Both processes take time, and participants' benefit payments are sometimes delayed. Although PBGC was making improvements, GAO identified further opportunities for reducing delays and improving administration by establishing procedures that (1) focus management attention on restoring monthly benefit payments for participants of insufficient plans, (2) streamline processes for reviewing sufficient plans by using sufficiency determinations by actuaries in lieu of PBGC reviews, and (3) use address records of other Federal agencies to locate participants not found from plan records.

Comparison of Retirement Benefits for W.R. Grace & Co. and Civil Service Employees (GAO/OCG-84-1, June 12, 1984)

GAO compared the first year and lifetime benefits offered by W.R. Grace & Co. and the Federal civil service retirement system (CSRS). In its analysis, GAO compared benefits that the two retirement programs would pay to four categories of Grace Co. and Federal employees, retiring with the same age, years of service, and salary characteristics.

Grace employees receive retirement benefits from a savings plan established in 1976 as well as social security and a pension plan. Civil service employees receive benefits from CSRS only.

This report showed that the Grace retirement program offers potentially greater benefits than CSRS for most civil service employees, while others could receive greater benefits from CSRS. However, these comparisons should not be the sole basis for reaching conclusions about the overall generosity of either CSRS or private sector programs. To do so would require benefit comparisons with a cross section of all private sector retirement programs and consideration of all plan provisions.

Features of Non-Federal Retirement Programs (GAO/OCG-84-2, June 26, 1984)

This report depicted the prevailing features of non-Federal retirement programs as shown by selected studies and/or data bases. Pension plans and capital accumulation plans were analyzed to assist the Congress in its efforts to design new retirement programs for Federal employees covered by Social Security.

States Fund an Expanded Range of Activities Under Low-Income Home Energy Assistance Block Grant (GAO/HRD-84-64, June 27, 1984)

The low-income home energy assistance (LIHEA) block grant expanded States' flexibility and authority and permitted funds to be used for a broader range of activities not previously permitted. Unlike other block grants created under the Omnibus Budget Reconciliation Act of 1981, LIHEA received increased appropriations over the level established for the prior program to assist eligible households in meeting the costs of home energy. While heating assistance continued to account for the bulk of expenditures in most states, the majority of the 13 States GAO visited used their new authority to provide weatherization, transfer energy assistance funds to other block grants, and carry over funds to the following year. In addition, States gave increased emphasis to energy crisis assistance. Few changes were made to program management procedures.

Overall, State executive and legislative branch officials found the block grant less burdensome and more desirable than the prior program. However, about half the interest groups viewed the block grant as a less desirable method of funding energy assistance programs.

Social Security Administration's Data Communications Contracts With Paradyne Corp. Demonstrate the Need for Improved Management Controls (GAO/IMTEC-84-15, July 9, 1984)

In 1981, the Social Security Administration (SSA) entered into a $115 million contract—the largest in the agency's history—with the Paradyne Corp. to install over 1,800 data communications terminals in 1,350 Social Security offices nationwide. A second contract with Paradyne, designed to enhance the data transmission capabilities of the Paradyne terminals, was signed in September 1982 and terminated in April 1983.

Due to numerous inadequacies in the agency's management of these contracts, a 1982 internal structural realignment which weakened internal controls over the acquisition of data communications equipment, and inadequate oversight by both HHS and the General Services Administration, SSA acquired a data communcations system which did not begin consistently meeting contractual performance requirements until nearly 2 years after the first terminals were installed.

Veterans Administration Justification for Construction of Nursing Home Care Facilities at Durham, NC, and Prescott, AR (GAO/HRD-84-84, July 31, 1984)

The proposed 120-bed nursing home care project at Durham, estimated to cost $8.8 million, appeared to be needed. VA data on the Prescott project supported a need for a 60-bed nursing home care project rather than the 120-bed, $8.3 million project requested in VA's fiscal year 1985 budget submission. However, in justifying the 120-bed Durham project, VA did not adequately consider the number of community nursing home care beds potentially available in the Prescott service area by 1990.

Incomplete Participant Data Affect Reliability of Values Placed by Actuaries on Multiemployer Pension Plans (GAO/HRD-84-38, September 6, 1984

Pension plan participant data (age, years of service, and gender) are crucial in determining the actuarial value of pension plans. GAO found, however, that many multiemployer pension plans lacked complete participant data, causing liabilities and costs of some plans to be understated or overstated by millions of dollars. Accordingly, GAO recommended that the Secretary of Labor issue regulations providing guidance for the maintenance of participant data by pension plans and expand its enforcement program, in cooperation with IRS, to ensure that participant data are obtained.

Actuaries usually disclose the extent of missing participant data, but few indicate whether such omissions affect the accuracy of the actuarial valuations. GAO recommended that the Joint Board for the Enrollment of Actuaries—a board appointed by the Secretaries of Labor and the Treasury which establishes standards and qualifications of actuaries who certify pension plan data—promote action by and work in cooperation with the actuarial profession to develop criteria and standards for disclosing the potential effect of material amounts of missing participant data on the reliability of actuarial valuations.

Delays in Recomputing Social Security Benefits Cause Underpayments for Extended Periods (GAO/HRD-84-71, September 13, 1984)

Social Security benefits are based on a worker's prior earnings. SSA's policy is to review beneficiary earnings records annually because recent earnings not included in previous benefit computations may increase benefits. This review and subsequent payment of corrected benefits is called the Automatic Earnings Reappraisal Operation (AERO). The time required for AERO has increased dramatically—from the 16 months it generally took before 1978 to a high of 42 months in 1979 and 1980. GAO estimated, based on available 1979 and 1980 reported earnings, that SSA underpaid at least 2.5 million beneficiary cases by at least $1.98 billion. For the cases GAO reviewed, an average of 34 months elapsed until the underpayments were rectified. Difficulties in implementing a newly legislated annual wage reporting system for 1978 earnings, competition from other programs, and the need to implement several new legislative mandates have caused the delays.

SSA expects AERO for 1981 and 1982 earnings to be completed within 32 months. While further improvement is expected, resolution of AERO delays is tied closely to SSA's efforts to comprehensively modernize its data processing systems. This is a complex task, and it was too early for GAO to predict when, and to what extent, systems modernization will influence processing time.

Use of Separate Carrier To Process Medicare Claims for Railroad Retirement Beneficiaries (GAO/HRD-84-54, September 26, 1984)

This report updated the findings and conclusions of a previous GAO report ("More Can be Done to Achieve Greater Efficiency in Contracting for Medicare Claims Processing," HRD-79-76, June 29, 1979). That report recommended that the Medicare claims for physicians and other medical services applicable to beneficiaries of the Railroad Retirement Board be processed by the same contractors that process such claims for most other Medicare beneficiaries. Since the inception of Medicare, the claims of the railroad beneficiaries have been processed by a separate carrier. GAO believed that its earlier recommendation was still valid and would result in estimated annual savings of about $6 million.

The Department of Labor's Handling of the Investigation and Litigation of Alleged Abusers of the Southern Nevada Culinary Workers and Bartenders Pension Trust Fund (GAO/HRD-84-60, September 28, 1984)

The Department of Labor's investigation and litigation of alleged abuses of the Southern Nevada Culinary Workers and Bartenders Pension Trust Fund (the Trust) resulted in one of the major suits brought to date under the Employee Retirement Income Security Act (ERISA) of 1974. ERISA was the first comprehensive legislation passed regulating private pension plans. Under its ERISA responsibilities, Labor investigated certain allegations made against the Trust, substantiated the alleged problems, and initiated civil litigation against the Trust trustees and others.

This report responded to questions raised regarding Labor's handling of the investigation and litigation of the alleged abuses of the Trust.

LETTER REPORTS

Dual Compensation Is Paid When Military Reservists Do Not Waive VA Disability Benefits (GAO/HRD-84-13, November 18, 1983).

VA Can Reduce Payments by Ensuring That Veterans Receive Scheduled Reexaminations (GAO/HRD-84-14, December 8, 1983).

Review of Medicare Duplicate Payments at Kansas City Blue Shield (December 22, 1983).

Coordination Between the Departments of Labor and Justice in Investigating Criminal Activities of Labor Unions and Employee Pension and Welfare Benefit Funds (GAO/HRD-84-9, January 24, 1984).

Information on Medicare's Administrative Sanction Process As It Relates to a Practitioner (GAO/HRD-84-30, January 30, 1984).

Inadequate Controls Over Medicare Payments for Once-In-A-lifetime Physician Procedures (GAO/HRD-84-23, February 13, 1984).

Analysis of Medicare Durable Medical Equipment Claims in Georgia, Idaho, and Southern California (GAO/HRD-84-40, February 13, 1984).

The Congress Could Consider Changing the Effective Date Provision for VA Disability Pension Awards (GAO/HRD-84-15, February 17, 1984).

Medicare Reimbursements for Conventional Eyeglasses (GAO/HRD-84-44, March 7, 1984).

Annual Report Required by the District of Columbia Retirement Reform Act, as Amended (GAO/GGD-84-64, March 30, 1984).

Life Insurance Program of the Veterans Administration (GAO/HRD-84-56, April 12, 1984).

GAO Views on the Methodology Used in an SSA Title II Study of Representative Payment (GAO/HRD-84-34, May 18, 1984).

Do Skilled Nursing Facilities Have Enough Wheelchairs to Meet Their Patients' Needs? (GAO/HRD-84-69, June 12, 1984).

Payments to Ambulatory Surgical Centers Are Higher Than Intended by HCFA (GAO/HRD-84-67, July 12, 1984).

New York Requires Employed Medicaid Recipients to Enroll in Employer-Sponsored Health Insurance (GAO/HRD-84-86, August 10, 1984).

Proposal to Improve Identification of Medicare Part B Duplicate Payments (GAO/HRD-84-88, August 17, 1984).

Additional Information on the Social Security Administration's Management of Data Communication Contracts With Paradyne Corporations (GAO/IMTEC-84-23, August 27, 1984).

Reimbursing Physicians Under Medicare on the Basis of Their Specialty (GAO/HRD-84-94, September 27, 1984).

Excessive Respiratory Therapy Cost and Utilization Data Used in Setting Medicare's Prospective Payment Rates (GAO/HRD-84-90, September 28, 1984).

ENCLOSURE II.—*General Accounting Office audits in process which concern the elderly*

Audit of Pension Benefit Guaranty Corporation's financial statements for fiscal year ending September 30, 1984.

Audit of fiscal year 1984 financial statements of the Civil Service retirement system.

Survey regarding the impact of the changing fee structure for financial services on consumers and small businesses.

Survey of OPM's processing time of retirement claims and related annuitant inquiries.[1]

Survey of OPM's processing time of retirement claims and related annuitant inquiries.[1]

Review of benefit levels in nonfederal retirement programs.[1]

Review of options for special early retirement provisions.[1]

Examination of using productivity measures to develop field staff budgets for Social Security field operations.

Productivity of claims processing in the Social Security Administration's Atlanta region.

Evaluation of the Veterans Administration's compensations and pension system.[1]

Evaluation of VA's decentralized hospital computer program.[1]

An inventory and analysis of retirement-related models.

Women's retirement decisionmaking.

Evaluation of Low-income Weatherization Program.

Issues relating to elderly housing programs.[1]

Review of section 202—housing for the elderly and handicapped loan selection process.[1]

Survey of hospital utilization review under the Federal Employees Health Benefits Program.

Survey of Medicaid claims processing (Medicaid management information systems).

Followup review of intermediary audits of Medicare home health services.[1]

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[1] Being performed at the request of committees or Members of Congress.

Survey of Medicaid long-term care quality of care issues.

Survey to identify major Medicaid issues.

Survey of the cost effectiveness of Medicaid home and community based services.

Survey of State cost reporting under Medicaid home and community based services waivers.

Survey of the Arizona health care cost containment system.

Survey of the implementation and cost effectiveness of Medicaid freedom of choice waivers.

Survey of patient abuse and possible Medicare fraud at Crestwood Manor, Modesto, Calif.[1]

Review of physician reimbursement in the End-Stage Renal Dialysis Program.

Review of Medicaid reimbursement systems for nursing homes.

Review of the utilization of intensive care units by Medicare patients.

Review of Medicare's controls over payments for prosthetic lenses.

Survey of purchasing arrangements under hospital full-service management contracts.[1]

Review of the cost of cardiac pacemakers and related services under Medicare.[1]

Review of third-party liability for Medicaid claims.

Followup on implementation of Medicare regulations for paying for durable medical equipment.[1]

Review to identify what can be done to contain total health care costs.

Analysis of a bill to amend title XVII to provide for the prospective reimbursement of home health care.[1]

Monitoring HCFA's hospice program evaluation project as required by TEFRA.[1]

Review of alcohol abuse detoxification and rehabilitation services under Medicare.

Review of effect on Medicare/Medicaid costs of hospital conversions from not-for-profit to proprietary status.[1]

Survey of intermediary audits of hospital costs reports.

Review of HCFA's health maintenance organization demonstration projects in south Florida.[1]

Data on relationships of physicians' gross and net income by specialty, by place of service, and by source.[1]

Evaluation of Medicare's hospital admission monitoring systems.

Survey of rebundling and unbundling of nonphysician services provided to hospital inpatients.

Survey of Medicare as a secondary payer of claims.

Survey of the medical necessity for joint replacements under Medicare.

An inquiry regarding Medicare part B beneficiary appeals process.[1]

Review of HCFA's implementation of the Federal Managers' Financial Integrity Act—the second year.

Containing health care costs.

Survey of Veterans Administration's directly operated and contract nursing home care programs.

Review of Federal agencies' need for current wage data in administering entitlement programs.

Review of beneficiary compliance with SSA reporting requirements.

Impact of trends in aging on entitlement programs and Federal expenditures.

Review of the general rules for employers' multiemployer pension plan withdrawal liability.[1]

Impact of multiemployer amendments on pension benefits.[1]

Review of reorganization provisions of the Multiemployer Pension Plan Amendments Act.[1]

Review of multiemployer pension plans' financial and statistical data gathered during MPPAA study.[1]

Survey of PBGC management activities.[1]

Assessment of Federal pension insurance policy.[1]

Study of volume providers of medical examinations for the Social Security Disability Insurance Program.[1]

The evaluation of cardiovascular impairments under SSA and VA disability.

Development of a strategy to address the design of disability compensation programs in the United States.

Should SSA's disability programs be placed under complete Federal management.[1]

Survey of VA unemployability compensation awards.

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[1] Being performed at the request of committees or Members of Congress.

Survey to determine the economic status of service-connected disabled veterans to assess the appropriateness of benefit levels.

Review of DOD and VA controls for offsetting VA compensation for certain DOD pay items.

Use of contractor hearing reporters to replace hearing assistants in assisting the Social Security Administration law judges.[1]

Review of the modernization/relocation of the Allen Park Veterans Administration Medical Center.[1]

Review to update the Department of Labor's overseeing the management of Teamster's pension and health and welfare funds.[1]

Administration and enforcement of nondiscrimination provisions of the Revenue Sharing Act.[1]

Survey of employees' claims for workers' compensation benefits for asbestos related diseases; claims filed under the Longshoremen's and Harbor Workers' Compensation Act.[1]

Administration of and veterans' participating in the Veterans Administration Beneficiary Travel Program.[1]

ENCLOSURE III.—*General Accounting Office activities affecting the elderly*

GAO appointed 858 persons to permanent and temporary positions during fiscal year 1984. Of that number 145 were age 40 and older. As of September 30, 1984, GAO had 2,309 persons 40 and older (40.5 percent of its work force) on the rolls.

GAO employment policies prohibit discrimination based on age. GAO's Civil Rights Office continues to provide information and advice to persons regarding allegations of age discrimination.

GAO continues to provide individual retirement counseling and preretirement seminars for employees nearing retirement age. The seminars and counseling rate are intended to assist employees in:

—Calculating retirement income available through the civil service and Social Security systems and in understanding options involving age, grade, and years of service.

—Understanding health insurance and survivor benefit plans.

—Acquiring information helpful in planning a realistic budget based on income, tax obligations, and benefits and in making decisions concerning legal matters.

—Gaining insights and perspectives on adjustments to retirement.

—Increasing awareness of the community resources which might support preretirement planning, second careers, and financial planning.

—Increasing awareness of lifestyle options during the transition from work to retirement.

ITEM 23. LEGAL SERVICES CORPORATION

JANUARY 10, 1985.

DEAR MR. CHAIRMAN: The Legal Services Corporation is pleased to respond to your request for the 1984 annual report concerning programs and services for the elderly.

Legal Services Corporation programs have played a role in meeting the legal needs of older citizens, and efforts to improve the delivery of legal services to the elderly will continue. The Corporation maintains its commitment to the legal needs and rights of older citizens.

I trust the enclosed summary of the 1984 programs and services will be of use to the Special Committee on Aging and to the readers of "Developments in Aging: 1984." If I can be of further assistance, please do not hesitate to contact me.

Very truly yours,

DONALD P. BOGARD, *President.*

Enclosure.

GENERAL ACCESS TO LEGAL SERVICES

The Legal Services Corporation (LSC) was established by Congress in 1974 to provide funding for civil legal assistance to low-income persons. The direct delivery of legal services is provided by grantees of the Legal Services Corporation throughout the country. In 1984, there were 325 legal services programs, including 291 basic field programs, 2 migrant programs, 10 Native American programs, 5 State support programs, and 17 national support centers. Since persons 60 years of age and older constitute a sizeable proportion of the client eligible population, i.e., persons with incomes below 125 percent of the OMB poverty line, programs are heavily involved in serving older persons. Individual programs must establish service priorities taking into account the needs of client groups such as the elderly which have difficulties in access to legal services. In 1983, persons 60 years and older made up 12.7 percent of the total caseload of all Legal Services Corporation programs.

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[1] Being performed at the request of committees or Members of Congress.

The total number of older persons served in 1983 increased to 159,850 from the 154,751 clients over 60 served in 1982. This increase occurred without any increase in funds appropriated for fiscal year 1983. However, because the number of clients served in 1983 grew so rapidly, from 1,147,221 to 1,262,128, the percentage of older clients in relationship to the total client population dropped from 14 to 12.7 percent.

SPECIAL LSC PROGRAMS FOR THE ELDERLY

In addition to funding legal services programs responsive to the needs of low-income persons of all ages, the Legal Services Corporation funds several programs which specifically concentrate on the elderly. These include the National Senior Citizens Law Center (in Los Angeles and Washington, DC), Legal Counsel for the Elderly (in Washington, DC), and Legal Services for the Elderly (in New York). The National Senior Citizens Law Center is a national support center which provides assistance to local legal services program staff throughout the country on legal issues unique to the elderly. In 1983, the National Senior Citizens Law Center produced manuals on nursing home law, estate planning for low-income elderly, Social Security and SSI, elderly abuse, housing strategies for older persons, and legal problems of the rural elderly. Legal Counsel for the Elderly provides legal representation to older persons in the District of Columbia using a combination of staff attorneys and a large contingent of volunteer attorneys and nonattorneys. Legal Counsel for the Elderly has developed an innovative approach to legal assistance in the protective services area using volunteer attorneys as guardians and using lay volunteers as representative payees for social security and supplemental security income beneficiaries. Legal Services for the Elderly in New York provides specialized litigation for the elderly, particularly in the areas of employment and pension law.

SPECIALIZED PROGRAMS FOR THE ELDERLY UNDER THE OLDER AMERICANS ACT

A substantial number of local legal services programs have established specialized units or programs to serve older persons. In most instances these specialized delivery units have been financed in large part with funds under the Older Americans Act and with social services block grant and local governmental funds. In 1983, 172 field programs (more than one-half of all such programs) reported a total of $8,821,784 in Older Americans Act funds. Area agencies on aging are required by the Older Americans Act to allocate some title III social services funds to legal services and to contract with an appropriate provider of legal services. Legal Services Corporation programs are identified by statute as suitable providers and have become the principal delivery mechanism for legal services under the Older Americans Act. Where a non-Legal Services Corporation legal provider is selected, that provider is required to coordinate services with the LSC-funded program or programs in the area. The Legal Services Corporation encourages its grantees to become Older Americans Act legal services providers and supports coordination between its programs and Older Americans Act legal services providers where a non-LSC provider is selected.

In addition to serving as a sponsor for Older Americans Act legal services, a growing number of LSC local programs either sponsor or work very closely with a local long-term care ombudsman program. In 1982, 20 such ombudsman programs were physically located in LSC legal services offices.

PRIVATE BAR INITIATIVE

The increased involvement of the private bar in the overall delivery of legal services has been a major initiative of the Legal Services Corporation. This development augurs well for increased access by older persons to legal assistance for a wide range of legal problems. As of September 1982, all Legal Services Corporation field programs began to allocate a substantial portion of their LSC funds (i.e., at least 10 percent, increased to 12½ percent in 1984) to activities which involve the private bar in the delivery of legal services. These activities include both compensated (e.g., judicare) and volunteer (pro bono) delivery systems. Such activities of direct benefit to low-income persons generally will thereby assist low-income elderly which make up a significant portion of the population eligible for LSC-funded representation. In addition, a number of programs have targeted a portion of their private bar involvement efforts specifically to services for the elderly. For example, in Philadelphia, private bar involvement funds are going to support the Judicare for the Elderly Program. In light of the parallel objectives in both the Legal Services Corporation and Older Americans Act legal services programs to increase private bar involvement, there are good prospects for further collaboration between legal services programs and the aging services system in this critical area.

A number of substantive areas of legal practice for the elderly lend themselves to shared responsibilities between the resources of the Legal Services Corporation, the Older Americans Act, and the private sector. These include wills, estate planning, and property management. Another developing area is that of employment rights, spurred on by the increased utilization of the Age Discrimination in Employment Act and the high interest of many older persons in full or part-time employment. A third area, previously mentioned, is the area of competency, guardianships, and protective services. The demand for assistance in Social Security and SSI determinations will also require a combination of public and private legal services. This is a traditional area of expertise for legal services programs, and there will be increasing demand for training of private practitioners by legal services program staff in the area of public benefits.

The Institutionalized Elderly and Handicapped

The 1985 budget request adopted by the Legal Services Corporation Board of Directors included $7.2 million for the 1.8 million institutionalized elderly and handicapped. The additional funds were requested because as a matter of definition, no institutionalized person is "poor," and, thus, the 1.8 million institutionalized are omitted from the Bureau of Census counts of poor persons that form the basis for LSC funding. Available data indicated that a substantial proportion of the institutionalized elderly and disabled lack sufficient income to afford private counsel. Furthermore, there is an unequal capacity to serve institutionalized persons by LSC programs because they are not distributed in the same way as poor persons generally. Although Congress denied this request, it did grant LSC $2 million to increase service to elderly clients.

Conclusion

In general, Legal Services Corporation programs have played a role in meeting the legal needs of older citizens. Efforts to improve the delivery of legal services to the elderly have been intensified, and the Corporation will continue to reinforce its commitment to the legal needs and rights of older citizens.

ITEM 24. NATIONAL ENDOWMENT FOR THE ARTS

November 30, 1984.

Dear Mr. Chairman: It is my pleasure to share the Arts Endowment's efforts for our older population with the Special Committee on Aging. Enclosed is a summary of the Endowment's activities specifically related to older Americans.

The Endowment continues to make progress in strengthening links between the arts and older persons. During this reporting period, the Endowment reached a high point in its grants funding for projects that specifically involve older persons. A total of $3,292,775 was awarded to 130 recipients.

Further, older people are benefiting from thousands of other Endowment supported cultural activities. We clearly reject the notion that special or different arts programs should be developed for special constituencies, and choose instead to find ways to open existing arts programs of the highest quality to older Americans. Endowment project support to such institutions as orchestras, museums, and theaters assist those organizations in reaching broad audiences, including our older citizens.

In addition, a special focus this year has been in the design area. Unfortunately, many practicing architects do not appreciate the changes and conditions which characterize old age in America. We are working with the American Institute of Architects Foundation and three other Federal agencies to help educate designers on the needs of older people. It is important that designers address these needs in their work which include such issues as proximity to merchants, services, religious centers, and other community resources; accommodations for special physical needs—

e.g., ramps, lighting, and noise level; and special living arrangements—e.g., "granny housing," communal living and institutions.

Our advocacy work with other government agencies, arts institutions and artists is highlighted in the report which follows. It provides a thorough description of our efforts to educate and encourage others.

Finally, I thank you for the opportunity to present this report to the Special Committee on Aging. This chance to review and assess our efforts to enrich the lives of older Americans through the arts is gratifying, even though we know that more needs to be done. The efforts of our grantees are imaginative and exciting; the responsiveness of our fellow public agencies in working with us is encouraging; and the growing sense of caring among the public is heartening.

Sincerely,

F. S. M. Hodsoll, *Chairman.*

Enclosure.

Summary of Activities Relating to Older Americans, Fiscal Year 1984

The Endowment endeavors to support art only of the highest quality and is actively engaged in making such art more available to people throughout the Nation. Realizing that art enriches the lives of people regardless of age, we enthusiastically seek ways and opportunities to involve older people as creators and audiences.

Art is often a catalyst in bringing together people of all ages. It seems we are experiencing a growing trend of intergenerational learning in the arts. Many younger people are realizing the wealth of knowledge and experience that older Americans have to offer. At the same time, older people are participating in arts activities along with those much younger than themselves.

Through the arts, bridges are being built between generations. For example, Margot Kriel, in her 30's, is a writer-in-residence at the Presbyterian Nursing Home in Roseville, Minn. She described her experience in teaching older residents:

"Working with these people who have lived so many years has added years to my life. Instead of seeing old age as a lack, I learn about its acceptance of physical change, its resilience and wealth of experience. And for them, writing or speaking aloud their history helps validate their longevity. As a writer, I find continually affirmed what one class member recently discovered, 'All our lives have stories in them.' "

Projects supported by the Endowment reflect the eagerness of both the young to learn from the old and the older to share their knowledge and expression. In Pennsylvania, for example, the Central Pennsylvania Village Crafts Inc., an association dedicated to helping craftsmen improve and market their art work, is conducting quilting workshops. Experienced older quilters are teaching younger people the art form at the Craft Center and in homes throughout a four-county area of Pennsylvania. This effort was supported by the Endowment's Expansion Arts Program. In Washington, D.C., the Endowment funded the Dance Exchange whose intergenerational touring group, "Dancers of the Third Age," presented 50 performances nationwide last year. As one 84-year-old troupe member noted, "Dancing has brought me back to life."

OFFICE FOR SPECIAL CONSTITUENCIES

Such intergenerational activity is more broadly encouraged by the Endowment's Office for Special Constituencies. This office serves as an advocate for arts programing for older adults, and for disabled people and institutionalized populations. This work includes (1) developing model projects with Endowment programs which demonstrate innovative ways to make programs available to special constituencies; (2) initiating cooperative projects with other Federal agencies in an effort to educate administrators and professionals serving special constituencies; (3) advocating more support for addressing the needs of special constituencies through Endowment grantees; (4) providing technical assistance to arts organizations about compliance with Federal regulations, including those that mandate nondiscrimination for older adults and disabled people; and (5) providing technical assistance to individuals and organizations seeking information and assistance in developing arts programs.

NATIONAL COUNCIL ON AGING

One of the Endowment's partners in advocacy is the National Council on Aging (NCOA). The Endowment continues to support several arts projects of the National Center on Arts and the Aging, a program arm of the NCOA. It is the only nonprofit national program established solely to provide services to arts/aging personnel and groups working to involve older Americans in the arts as audiences, volunteers, consumers, patrons, and creators.

Endowment support has made it possible for the center to produce an Arts/Aging Funding Blueprint," which lists funding sources for arts/aging programs, and a "Guide of People, Places and Programs" to further assist in the creation of more arts programs for older people. It also established an arts gallery at NCOA that is devoted exlusively to featuring the works of older artists and artists who work with older people.

OLDER PEOPLE IN INSTITUTIONS

As part of our advocacy work, we are working with the Veterans Administration (VA) to demonstrate how the arts can enhance the quality of life in VA medical centers. A large portion of those in VA institutions are older Americans; 64 percent of the patients are 55 years and older. The VA has noted that their older patients have particularly enjoyed participating in arts programs. For example, the theater artist working in residence at the Seattle VA Medical Center has developed radio programs and plays with the patients, as well as acting classes and visits to local theaters.

This effort also includes a visual artist at the Cleveland Medical Center in Ohio, and we are presently working with the Mountain Home Medical Center in Tennessee to begin a music program for its patients. Following the completion of the last segment of this pilot, which will be a poetry/writing residency, the results of the program will be broadly disseminated by the Endowment and the Veterans Administration. Our aim is for local arts agencies and medical centers to work together in developing similar programs.

DESIGN AND AGING

A major focus of our arts/aging work has been in the area of design. We are addressing issues fundamental to the needs of older persons who often face physical barriers in the houses they live in, the clothes they wear, the cars they drive, or the institutions that care for them. We have been working with the American Institute of Architects Foundation (AIAF) to help educate designers to the needs of older people so that designers will address these needs in their work. As indicated in my 1983 summary of activities, this work resulted in the Administration on Aging (AoA) awarding a $95,000 grant to the American Institute of Architects Foundation to write a design guide for architects and produce a computerized bibliography on design as it relates to aging.

In order to continue the momentum of this work, we are currently working with the Administration on Aging, USDA-Farmers Home Administration, and Department of Housing and Urban Development for purposes of (1) helping the agencies focus on the design and community planning needs of older people, and thus help assure these needs are addressed in appropriate projects of the respective agencies; and (2) improving the awareness among the public sector networks of the design requirements for older people.

The Arts Endowment in response to this cooperative effort has already arranged to support the printing costs of up to 5,000 copies of the design guide that is being developed by AIAF as part of the AoA grant. This publication is a practical guide to designing for older people that will enable architects to create building environments which older people can more fully use, operate and enjoy.

PROGRAM ACCESSIBILITY

More and more groups are becoming aware of the architectural, attitudinal and financial barriers that often deny older people from participating in cultural programs. The Endowment's 504 regulations, which mandate nondiscrimination toward people with disabilities, and our related technical assistance work are benefiting those older persons with impairments.

Under separate cover we are sending you copies of our recent publication, "The Arts and 504," that was produced by Barrier Free Environments, Inc., for the Arts Endowment. It is designed to further assist Endowment grantees in making the visual, performing, literary, design and media arts accessible to people with disabilities.

The Special Constituencies Office continues to develop model projects through Endowment programs that demonstrate the best ways to make arts programs more available to special constituency populations. The projects are documented and disseminated to arts and special constituency groups through various publications, conferences and workshops.

Our most recent model effort was initiated in cooperation with the Endowment's Inter-Arts Program. Fiscal year 1985 grants were offered to presenting organizations to develop, implement and document ways to involve more disabled and older people in presenting organization events. Emphasis was placed on integrating individuals into the organization's current arts activities rather than developing new and distinct programs. Grants totaling $80,000 were awarded to nine presenting groups including:

Friends of the Davis Center in New York will explore ways to encourage older and disabled people, living in Harlem and Washington Heights, to attend the center's regular programing through matinee opportunities, transportation, free and reduced tickets, and an access guide to Aaron David Hall.

Madison Civic Center in Wisconsin will conduct an outreach and audience development program for special constituencies. The civic center is planning the project in cooperation with the Wisconsin Coalition for the Arts and Human Needs. A quarterly newsletter will be produced to advertise its accessible programing to the targeted populations.

ENDOWMENT FUNDING

Endowment funding during this reporting period for arts projects that involve older people is higher than in any previous year. In fiscal year 1984, 130 grants totaling $3,292,775 were awarded for arts projects that specifically involve older people. In addition, people of all ages benefit from thousands of other arts programs supported by the Arts Endowment.

Examples of Endowment supported efforts by arts discipline are as follows:

Artist-in-Education

National Council on Aging Inc., in Washington, D.C., is developing and testing methodology and materials to train older professional artists to adapt their skills and disciplines to teaching children and older adults in community arts and residency programs.

Dance

Martha Graham Center for Contemporary Dance, Inc., in New York, will film and preserve Martha Graham's ballets and dance technique. This will include films of several ballets with narration explaining the dramatic meaning, and the technique and how the technique relates to the final choreographed work; videotapes of Martha Graham teaching technique classes and coaching ballets; and videotaping the current repertory for archival purposes.

Design

Asian Neighborhood Design in San Francisco is exploring new planning and design guidelines that will preserve and create affordable housing for older tenants, while encouraging development in Chinatown.

Folk Arts

Augusta Heritage Arts Workshop in Elkins, W. Va. held a series of residencies, workshops, performances and demonstrations based on the theme, "Living History: Old Masters," which brought together senior folk artists with audiences of all ages.

Commonwealth Council for Arts and Culture in Saipan, Northern Marianas Islands, provides opportunities for young people, teachers and adults to observe and work with traditional craftsmakers and artists. These include workshops, a folk arts exhibition and artist-in-residence projects.

Hoopa Tribal Museum in Hoopa, Calif., is sponsoring a men's traditional singing project which provides young men with the opportunity to learn the different aspects of singing in tribal ceremonies from their tribal elders.

Institute of Alaska Native Arts in Fairbanks, Alaska, continues to preserve and document traditional native art forms in Southeast Alaska Indians by sponsoring the Chilkat Weaving Project, which consists of field research and identification of artists, a Chilkat workshop/symposium, and documentation.

Kansas State Historical Society in Topeka is developing a traveling exhibit of paintings by an older artist, Marijana Grisnik; Grisnik lives in Strawberry Hill and has documented the cultural heritage of this Croatian community in Kansas City. The exhibit is called "Marijana: Images os Strawberry Hill."

1984 Louisiana World Expo in New Orleans is presenting a multi-disciplinary folklife program, which includes many older artists participating in activities such as Cajun music, Zydeco, Creole cooking, and boat building.

National Council for the Traditional Arts in Washington, D.C., is coordinating a national tour of traditional Irish-American music and dance. Two of the eight artists participating in the tour are older Irish-Americans.

Portable Channel, Inc., in Rochester, N.Y., produced a series of six 10-minute radio shows exploring Iroquois culture through its music. The principal narratives are done by Iroquois seniors including Ira Benedic, a 95-year-old Mohawk Chief.

Washington Area Film/Video League in Washington, D.C., is producing a documentary film on several older folk artists to include an 80-year-old basketmaker, a 77-year-old embroiderer, and 83-year-old fiddler, and an 80-year-old cowboy and storyteller. This film will explore the vital roles that older generations plan as the guardians and teachers of traditional cultures in their families and communities.

Expansion Arts

Akwesasne Cultural Center, Inc., in Hogansburg, N.Y., coordinated a series of classes to provide elder Mohawk artists a place to transmit their valuable cultural knowledge to younger Mohawk people.

Literature

Compas in St. Paul, Minn. is expanding a successful model residency program in which a writer critiques the writings of older adults throughout Minnesota via the mail. The writer also reviews and suggests future directions for participants' writings and assists them in bringing their work to level suitable for publication.

Media Arts

Connie Goldman Productions, Inc., in Washington, D.C., is producing a 13-part radio series, "I'm Too Busy to Talk Now: Conversations with American Artists Over 70," that celebrates the creativity and wisdom of a select group of American artists over age 70. The painter, Alice Neel, for example, was interviewed three times, months before her death in October 1984.

Eugene O'Neill Theater Center in New York is producing a film on Stella Adler, age 85, who is a dynamic master teacher of acting and a legendary force in American theater.

Elfriede Fischinger, age 74, from West Hollywood, Calif. is producing a 3-minute animation film based on a series of 1,000 drawings by her late husband, Oskar Firschinger, who was known for synchronizing abstract animation to classical and jazz music.

New York Foundation for the Arts in New York is producing a 60-minute film on the legacy of composer Colin McPhee and the importance of Asian music to our own during the 1920's to 1940's. John Cage, Aaron Copland, Virgil Thomson are among those who will discuss his contributions.

Nikolais/Louis Foundation for Dance in New York is producing a 60-minute film capturing the unique artistic and personal association of Alwin Nikolais and Murray Louis. Alwin Nikolais, now in his 70's, has long been acknowledged as one of the seminal choreographers and innovators in modern dance, and Murray Louis is recognized as a major dance artists.

Realizations in New York is producing a series for public television titled "Realizations: Growing Old in America." Each episode offers rich insights on the theme of aging and is concerned primarily with addressing feelings as they presently exist for our elders. Topics include life after the end of a long relationship and urban loneliness.

Museum

Ames Society for the Arts in Iowa is coordinating an exhibition of works by major American potters over the age of 60, including Beatrice Wood (90), Laura Andreson (80), Vivika Heino (70), and Lucie Lewis (85). It will illustrate their contributions and involvement in contemporary or traditional ceramics. A national symposium on "Women in Clay: The On-going Tradition" is being planned to coincide with this exhibition.

Worcester Art Museum in Massachusetts is implementing the "Golden Docent" program that will train approximately 25 older adults on the museum's collections.

These docents will then travel to the residences of senior citizens to conduct museum education seminars. Followup museum tours will be scheduled for those who are interested in seeing the collection.

Music

Des Moines Symphony in Iowa provides for senior citizens informative preconcert workshops and bus transportation to its Sunday matinee performances.

Fairfax Symphony Orchestra, Inc. in McLean, Va., has a community outreach program which provides 16 ensemble performances at institutions for older and disabled residents.

Jazz Heritage Foundation in Los Angeles, Calif., presents six concerts which consist of narration and music identifying and illustrating milestones in the evolution of music. The program design is easily adapted for older audiences.

Minnesota Orchestral Association in Minneapolis is continuing its community and educational services which include a series of free programs in parks and city centers, midday concerts, and subscription concerts at reduced prices for older adults, students and visitors.

The Musical Arts Association in Cleveland, Ohio, offers a series of eight daytime performances by the Cleveland Orchestra for older audiences who are unable to drive at night or attend the regular series. Guest conductors and soloists are generally younger artists.

Santa Barbara Symphony Orchestra in California offers free and discount tickets to families, students, senior residents and persons with disabilities to attend its matinee series. Fifty-eight service organizations and retirement homes have participated and received free tickets.

Senior Musicians Orchestra in New York presents free concerts to the public, with special outreach to senior citizens in the various boroughs of New York City and Staten Island. The musicians are age 65 and over, and many are veterans from major symphony orchestras.

Strings for Schools, Inc. in Malvern, Pa., brings live chamber music to older people in institutions. These free performances feature instructive discourse between performers and audiences.

SumArts, Inc. in Houston, Tex., is providing to older adults and persons with disabilities afternoon performances and discount tickets for the annual Houston Jazz Festival and Jazz-masters Concert Series.

Opera Musical Theater

Opera America, Inc. in Washington, D.C., has a Special Constituencies Technical Assistance Program that is designed to educate its members and increase their awareness in making programs accessible to older and disabled people.

Theater

Washington Drama Society, Inc. in Washington, D.C., plans to increase the size of its present acting companies, Arena Stage and Living Stage. Living Stage, the community outreach company, brings improvisational theater to various groups, including people in nursing homes and other health care facilities.

ITEM 25. NATIONAL ENDOWMENT FOR THE HUMANITIES

DEAR MR. CHAIRMAN: I am pleased to enclose a report which summarizes major activities for or about the aging supported by the National Endowment for the Humanities in 1984.

It is my hope that you and your committee will find this material on our activities and plans useful. Please let me know if we can be of any further help to your committee.

Sincerely,

GEOFFREY MARSHALL,
Deputy Chairman.

Enclosure.

Report on Activities Affecting Older Americans in 1984

I. INTRODUCTION

The mission of the Endowment, as mandated by Congress, is to lend support to individuals and organizations doing exemplary work which contributes importantly to the advancement or dissemination of knowledge in the disciplines of the humanities. NEH fulfills this mission by awarding grants in response to unsolicited proposals, primarily for specific projects, selected on the basis of merit after a rigorous process of review. The agency does not usually set aside fixed sums of money for work in any discipline or for any particular area of the country or group. As a result, there is no single program for senior citizens using funds specifically allocated for that purpose; not is there a program within the agency expessly designed to support the study of aging or the elderly. Rather, projects for or about senior citizens can be pursued through the full range of Endowment programs, depending on the projects' goals and formats.

Although the Endowment does not have programs specifically related to aging, NEH-supported products of all types (such as print materials, museum exhibitions, radio and television programs) are helping to bring the humanities to senior citizens. In addition, NEH-supported activities afford older American opportunities to participate in formal and informal education programs, to discuss topics in the humanities or questions illuminated by the humanities, and, in not a few instances, to undertake works of scholarship.

Some of the ways in which older persons participate in the Endowment's programs are discussed in section III of this report.

II. NEH ADMINISTRATIVE ACTIVITIES CONCERNING THE ELDERLY

In 1979, in order to ensure that older Americans would have access to Endowment funds and programs, the Endowment developed and published in the Federal Register its proposed regulations under the Age Discrimination Act of 1975. As a result of this publication, comments on the proposed regulations were received and considered. During fiscal year 1985, the Endowment's Equal Opportunity Office will be preparing regulations in final form for publication in the Federal Register.

In the fall of 1980, NEH, the National Endowment for the Arts (NEA), the Administration on Aging (AoA), and the White House Conference on Aging staff developed a memorandum of understanding, outlining long-term, comprehensive programs of cooperation in the area of humanities, arts, and aging.

A cooperative plan containing an outline of upcoming activities concerning the aging resulted from regular meetings of NEH staff with representatives of NEA and AoA. The Endowment also sponsored a miniconference on the use of the humanities by the elderly in February 1981, and Endowment staff attended the December 1981 White House Conference on Aging.

NEH supports research on conditions in the humanities, including studies providing a wide range of demographic data on individuals pursuing advanced degrees in the humanities or those working in humanities institutions. Since 1977, for example, NEH has supported the Survey of Doctorate Recipients, which gathers data on the characteristics and career patterns of humanities Ph.D.'s. This data base can provide analyses of the salaries, type, and location of employment of Ph.D.'s of any age category who have received a doctorate degree within the last 32 years. A similar survey, directed to State and local historical organization professionals, provides demographic data in that sector as well.

III. PARTICIPATION BY OLDER AMERICANS IN NEH PROGRAMS

All applicants for an NEH grant must submit their proposals to a rigorous review process designed to assess the quality of the envisioned project and ensure the centrality of the humanities in it. However, any qualified person is welcome to apply; no one is barred from becoming an applicant on account of age. Numerous projects are funded each year which involve older persons as primary investigators, project personnel, or consultants. Sidney Hook, the 1984 Jefferson Lecturer and recipient of the Federal Government's highest honor for scholarship in the humanities, is perhaps the most conspicuous example of an older American who has received an NEH award during the past year. The Endowment's support for the work of older scholars is particularly evident in the Research division. Of course, this is no more than a reflection of the special strengths that many of the most senior scholars bring to research in the humanities. Often, scholars near the end of their career possess a depth and breadth of knowledge that younger scholars cannot match. In some cases, older scholars are receiving NEH support to continue long-term, collaborative research projects which they have directed over a period of many years.

Several examples of grants awarded during fiscal year 1984 to well-known and widely respected scholars, 65 years of age or older, illustrate the general excellence of NEH-supported research currently being done by older Americans:

—$49,343 to William Wallace in support of a continuing project which will result in an edition of two works of St. Thomas Aquinas, the Commentary on the Third Book of the Sentences of Peter Lombard and the Disputed Questions on Spirtual Creatures.

—$190,000 to Frederick Burkhardt to continue work on an edition of the works of William James.

—$5,000 to Anthony Kerrigan for a translation of selected works of Ortega y Gasset.

Older Americans also participated in NEH programs by serving as grant review panelists or specialist reviewers. Among the distinguished scholars, 65 years of age or older, who contributed their services in this way during fiscal year 1984 (and their field of study) were: Bernard Lewis (Middle Eastern history), Walter Rideout (American literature), Albert Hofstadter (philosophy), and Lowanda Cox (American History).

Older Americans without scholarly training also contributed importantly to many of the Endowment's projects, often providing an invaluable source of information. For example, several NEH-supported projects to document or preserve the unique cultures of Native American people—by creating Native American language dictionaries or tribal histories—are heavily indebted to older tribal members for their resources of memory and understanding. In fiscal year 1984, one such project received $43,119 to produce a dictionary of the Wichita language, now spoken by only a few elderly persons in central Oklahoma. In another example, George Mason University, which houses an extensive collection of materials relating to the Federal Arts Projects of the WPA, received $248,700 to stage a series of public presentations commemorating the 50th anniversary of the Federal Theater Project; in addition to lectures and interpretive programs, public presentations will include performances by veteran Federal Theater Project actors, now becoming elderly, of original WPA dramatic productions.

Certain efforts in education programs and all of the activities supported by NEH to increase understanding of the humanities among the general public reach large numbers of older Americans.

Continuing Education

Many institutions of higher education offer a variety of means by which adult learners, including older persons, may continue lifelong education without enrolling in regularly offered undergraduate courses. Because continuing education programs typically are offered in the local community as sites such as public libraries or conducted at home via correspondence, they may be particularly well suited to the needs of older persons wishing to advance their understanding of the humanities.

In 1979-81, the Endowment conducted a special initiative on continuing education. This initiative included seven regional workshops, each with participants from about 25 institutions. Discussions focused on fashioning programs to meet the needs of a variety of audiences, including the elderly. In the wake of these conferences the Endowment has funded many applications in the area of continuing education.

The Endowment has recently revised the makeup of its education programs division. There is now an education program for nontraditional learners. While this program embraces a larger audience, it is also expected to serve older Americans. The program is designed to help improve the quality of education or decrease the unit cost of instruction at institutions—colleges, libraries, and museums, for example—that already have programs for nontraditional learners. As with all Endowment programs, projects funded must be intellectually substantial and thoroughly grounded in the scholarship of the humanities. In fiscal year 1984, three grants, totaling nearly $200,000, were awarded for projects to benefit nontraditional learners.

Media Program

Radio and television productions supported by the Endowment (e.g., "American Short Story," "Odyssey," "Life on Mississippi," or "Heritage: Civilization and the Jews") are especially appreciated by older people, many of whom cannot or prefer not to leave their homes. Specific information on media programs and any adjunct material produced is provided to organizations working for special groups, including the elderly.

Humanities radio programing, such as the weekly series of 52 32 minute programs "Soundings," which features discussion with scholars on recent research in the disciplines of the humanities, serves a wide audience including the visually handicapped who might have limited access to the humanities in other media. For many elderly people confronting problems such as imparied vision and reduced mobility, these Endowment-funded programs provide access to information as well as a mechanism for communicating with others.

Museums and Historical Organizations Program

In this program, the Endowment is making an effort to reach the elderly by encouraging museums or historical organizations receiving project funding to waive entrance fees for senior citizens and others on certain days.

A variety of NEH-supported projects in the humanities are currently exploring the special problems and challenges associated with aging, providing the elderly opportunities for substantial learning experiences or drawing upon their knowledge and unique resources for the benefit of other Americans. These are described in section IV of this report. In addition, regrants of NEH funds through humanities committees based in the States have supported many locally-initiated-and-conducted projects of these kinds, some of which are described in section V.

IV. SPECIFIC NEH GRANTS AFFECTING OLDER AMERICANS

Beginning in the fall of 1983 and continuing until the fall of 1985, and Endowment grant of $577,525 to the National Council on Aging for its Senior Center Humanities Program has the potential of involving thousands of older Americans in the humanities through activities held at 180 sites (including senior citizens centers, nutrition sites, day care programs, and nursing homes). Trained volunteers use a thematically organized anthology of literary works. One anthology new being prepared is "The Search for Meaning," which draws upon Conrad, Kant, Camus, and others. In addition, during fiscal year 1984, the Endowment made awards for projects designed—in whole or in part—to inquire into aging-related issues, make available materials or activities of interst to the elderly, or use the aging as a resource. Examples follow.

A. Examples of Fiscal Year 1984 Grants About Aging or the Elderly

$15,000 to support the planning of a radio series for National Public Radio entitled, "Aging and Creativity." The documentary series will explore the creativity and experiences of older artists, writers, composers, and dancers.

$150,278 for a 58-minute documentary film chronicling the little-known contributions of blacks to American country music and focusing on the life and music of 75-year-old Howard Armstrong, leader of the only black string band still performing.

B. Examples of Fiscal Year 1984 Grants Serving or Using Older Americans as a Resource

$14,905 to Oakton Community College of Des Plaines, IL, to support a pilot humanities program involving public libraries, elementary schools, and senior citizen centers. In libraries, schools, children will meet senior citizens for intergenerational discussions of literature, drama, history, and philosophy under the supervision of scholars and discussion leaders.

$36,729 to the Colonial Williamsburg Foundation to develop onsite audio visual interpretations of selected sites in Colonial Williamsburg for physically handicapped visitors, including the placing of captions for the hearing impaired in the film "Williamsburg."

$12,624 to Dutchess Community College of Poughkeepsie, NY, to support a research project in which youth will document the history of the Civilian Conservation Corps in their county. In addition to extensive archival research and interviews with community residents, they will conduct interviews with actual participants in CCC projects of the 1930's. Finally, they will prepare museum exhibits on the experience and impact of the CCC.

$41,701 to the Suquamish Travel Cultural Center of Suquamish, WA, to support the publication of a catalog to accompany the exhibit "The Eyes of Chief Seattle," which document the lives of Indians of Pugent Sound through artifacts, historical photographs, and the testimony of tribal elders.

V. STATE PROGRAMS AND THE AGING

The State Program Division of the Endowment makes grants to humanities councils based in the 50 states, Puerto Rico, the District of Columbia, and the Virgin Islands. These councils, in turn, respond to competitive applications from institutions and organizations within the State for humanities projects of broad benefit to the citizens of the State. Each State group may determine the kinds of humanities activities it wishes to support. Below are presented some examples of projects which are specifically directed towards the elderly rather than on the galaxy of related issues of health care, family, biomedical ethics, death and dying, etc.

Examples of Fiscal Year 1984 State Humanities Projects Directly Affecting Older Citizens

Based on information submitted by State humanities councils, over 100 projects involving senior citizens were undertaken by 40 councils during 1984. The following examples suggest the variety of activities supported, expecially those whose content and concepts might be duplicated in other communities:

Colorado (Colorado Endowment for the Humanities): The University of Colorado sponsored "The Discoverers: Man's Search to Know His World and Himself," a series of 15 lectures/panel discussions using historian Daniel Boorstin's The Discoverers as a textbook. The weekly presentations were held at the Second Horizon Senior Center, a cosponsor for the project, and they attracted an interested audience of 70 to 80 people at each session.

Connecticut (Connecticut Humanities Councils): The School of Medicine of the University of Connecticut Health Center sponsored "Geriatrics: Moral and Economic Conflicts for the 21st Century," a 3-day symposium on philosophy and medicine. Among the issues considered were ethical, economic, and social dilemmas involved in the care of the elderly.

District of Columbia (D.C. Community Humanities Council): The Museum Without Walls presented "Humanities and the Aging," a lecture/discussion for senior citizens on art history. The series covered such topics as "Themes in American Art" and "Renaissance and Baroque Painting." The lectures have attracted large and interested audiences, and the discussions have been sparked with enthusiansm and spontaneous responses to images.

North Carolina (North Carolina Humanities Committee): "The Storied World: Europe in the High Middle Ages," a project sponsored by the Charlotte Senior Scholars was part of a larger series entitled "Measure of Man." The project included lectures on European architectural history, ideas about human and divine love, and daily medieval life. Attendance at the lectures was substantial.

Wisconsin (Wisconsin Humanities Committee): The Segoe Senior Center sponsored "Images of Women in Literature," a project which considered three literary themes: (1) Negative portraits of women in literature, (2) portraits of strong older women, and (3) portraits of nurturing women. The lectures were very successful, attracting large audiences.

ITEM 26. NATIONAL RESEARCH COUNCIL

DECEMBER 10, 1984.

DEAR MR. CHAIRMAN: The enclosed summary of National Research Council and Institute of Medicine activities and programs related to aging is in response to your request for an update of our current activities in this area. Although the National Research Council is not an executive agency of the Federal Government, I am happy to provide this contribution to the annual report of the Senate Special Committee on Aging.

The National Research Council is the principal operating agency of the National Academy of Sciences and the National Academy of Engineering. In conjunction with the Institute of Medicine, the Research Council draws upon a wide cross-section of the Nation's scientists, engineers, and medical professionals for advisory services to executive branch agencies and the Congress, as provided by its congressional charter of 1863. In this capacity, a number of National Research Council and Institute of Medicine reports have been published related to aging.

Major activities undertaken during the past year and planned for the future are summarized in the attached report.

Yours sincerely,

FRANK PRESS, *Chairman.*

Enclosure.

COMMITTEE ON AN AGING SOCIETY

"Health and Disease in an Aging Society" and "Roles of Older Persons in the Aging Society" are topics of two reports currently in preparation by the Committee on an Aging Society. This committee was established by the Institute of Medicine (IOM) of the National Academy of Sciences in 1982 to explore the societal implications of the changing age distribution of society and to administer an academywide effort throughout the National Research Council (NRC) and the Institute of Medicine to identify and to study problems of aging. The committee organized a series of meetings, each of which is devoted to one theme encompassing a cluster of related issues.

The reports, to be published in early 1985, are the result of symposia held and papers commissioned by the IOM committee.

FUTURE PLANS

If resources permit, the committee plans to conduct two more symposia in 1985 and then issue a final report reviewing its accomplishments and suggesting further activities that should be addressed by various units of the National Research Council and the Institute of Medicine.

The committee selected these topics for the net symposia:

(1) *The Environment for Living in the Aging Society.*—This is meant to encompass a broad array of issues such as housing for all age groups, including the elderly; communication, transportation, and community facilities. The symposium would examine the way various public policies—Federal, State, and local—affect the location and characteristics of housing and other aspects of the built environment. This is an extremely broad area and an expert planning committee, working with a subcommittee of the Committee on an Aging Society, would be expected to select five or six topics with major public policy significance on which to commission papers. The tentative date for the symposium is September 1985.

(2) *Public and Private Responsibilities in an Aging Society.*—Many questions raise legal and ethical issues that must be addressed. These include what are and will be the needs as the population ages? How are these being met now? What have been the effects of specific public policies on private actions? Are age-based distinctions relevant in planning to meet human and social needs? How can policies be shaped to enhance and preserve choice for the elderly in an aging society? These and other questions would be considered at a symposium to be held at the end of 1985.

PLANNING STUDY: NATIONAL LONG-TERM CARE POLICIES

The Institute of Medicine is undertaking a short-term planning effort to develop a protocol for a major analytic study of national long-term care policies. The major study will examine the Nation's rapidly expanding long-term care requirements and its public-private sector capacity to meet those requirements. The 2- to 3-year study will focus on the long-term care services required by the functionally impaired elderly and the chronic mentally ill. Consideration will be given early in the planning effort to including the requirements of the developmentally disabled and the adult physically handicapped within the scope of the major study.

The study will encompass policy issues concerned with the nature of the services required, the organizational arrangement—institutional and noninstitutional—for providing the services, the cost and financing of such services, the roles of the private sector, and Federal-State-local government responsibilities and relationships. This program initiative of the institute stems from the work of the IOM/NRC Committee on an Aging Society and a recommendation of a joint task force of the American Medical Association and the American Nurses' Association on improving health care for the aged chronically ill.

The committee planning the major study specifically will:

(1) Identify and define the major critical policy issues that should be examined in the study and assign priorities to them as necessary.

(2) Carefully inventory the work that has been done and that is under way to determine the data, research results, policy analyses, and other relevant information that will be available for analysis and evaluation during the course of the study; and

(3) Plan the study, including delineation of overall scope, objectives and approaches, description of discrete tasks, work schedule, and costs.

The planning study is supported by the National Institute on Aging, the American Medical Association, the American Nurses' Association, and the National Research Council Fund. It is anticipated that the Health Care Financing Administration will also contribute to the support. The planned completion date is May 31, 1985.

NURSING HOME REGULATION

An Institute of Medicine study of nursing home regulation is under way with the support of the Health Care Financing Administration. The study is to serve as a basis for adjusting Federal (and State) policies and regulations governing the certification of nursing homes so as to make those policies and regulations as appropriate and effective as possible. The certification process includes standards of operation, criteria, assessment procedures, surveilliance, enforcement policies and procedures, and sanctions. A final report is due on July 31, 1985.

A number of public meetings and workshops were convened in 1984 by the IOM Committee on Nursing Home Regulations in order to gather information and receive input from persons and organizations interested in improving the Nation's nursing homes. Public meetings were held in Philadelphia, Atlanta, Dallas, Minneapolis, and Los Angeles in September 1984. In seeking input, the IOM committee sought views in five specific areas:

(1) Inadequacies in current survey and certification regulations and their administration by state regulatory agencies.

(2) Roles, relationships and performance of the Federal and State governments in setting standards, inspecting nursing homes, and enforcements.

(3) Factors that affect quality of care and quality of life for nursing home residents.

(4) Encouragement of greater community influence in the ways in which nursing homes function to assure satisfactory care in a safe environment at reasonable costs.

(5) Public policies to strengthen the motivation of nursing home management and staff to provide high quality care.

In November 1984, a conference was convened of researchers, nursing home providers, and others knowledgeable about nursing home reimbusement policy and practices, to investigate the impact of various reimbursement types and levels on quality of care. In December 1984, two workshops were held: One workshop explored management incentives for quality of care; the other explored the impact and feasibility of consumers and other public agencies in the regulatory process. In addition, a survey approved by the Office of Management and Budget (OMB), of health facility licensure and certification directors was launched to solicit information on the resources allocated to the certification and enforcement processes. The findings will be used as one of the inputs in a workshop addressing the issues of regulatory enforcement that will be convened in January 1985.

STATISTICAL PROBLEMS IN POLICY ANALYSIS FOR AN AGING POPULATION

A panel on Statistics for an Aging Population has been formed by the Committee on National Statistics of the NRC Commission on Behavioral and Social Sciences and Education to conduct a comprehensive study of health data needs for the aging. The first meeting of the panel was held on November 8-9, 1984. At that meeting working groups were formed as follows:

> Health and Related Issues and Associated Data Requirements (to be chaired by Dan G. Blazer II, Programs Center for Study of Aging and Human Development, Duke Medical Center).
>
> Improvement of Data Resources for Policy Analysis on Aging (to be chaired by Dorothy P. Rice, Department of Social and Behavioral Sciences, School of Nursing, University of California, San Francisco).
>
> Statistical Metholodology for Health Policy Analysis (to be chaired by Gary G. Koch, Department of Biostatistics, University of North Carolina).

The study to be conducted by these working groups has three major charges:

(1) To determine the data needs for development of health (including mental health) care policy for an aging population during the next decade; to review current data sources related to health care of the elderly and to assess their statistical adequacy; and to identify major shortcomings and recommend appropriate remedies and actions.

(2) To determine whether changes for refinements are needed in the statistical methodology used in health policy analysis or in the planning and administration of programs for the elderly and to recommend actions or further research.

(3) To identify the essential components of a decentralized statistical system (assuming continuation of the current decentralized system) that would provide ade-

quate data on aging for all functional areas and recommend changes and procedures that would facilitate integrating data from the various components.

To obtain an information base for making recommendations the panel will interview appropriate officials and experts concerning:

—The major health issues pertaining to the aging population with special emphasis on issues relevant to long-term care, health care financing, health status, and expected demand for health care.

—The data needed to address these issues and the existing data gaps (although the study will focus on data and methods related to health issues, statistical problems in areas such as social services, housing, the retirement decision, and income and assets will be addressed when relevant to health issues).

—The statistical methods used in policy analysis and administration; and

—The components of the statistical system that currently provide data on aging. The panel will be parsimonious in recommending new data collections, carefully weighting the costs against the benefits. The emphasis will be on recommendations that could be implemented within the Federal and State budgets for data collection and statistical research and analysis.

The panel's activities will extend over a 2-year period. The National Center for Health Statistics (NCHS) is serving as the contracting agency for the study. The study is funded by a consortium of agencies including NCHS, the Health Care Financing Administration, the National Institute on Aging, the National Institute of Mental Health, and the Veterans Administration.

WORKING GROUP ON AGING WORKERS AND VISUAL IMPAIRMENT COMMITTEE ON VISION

The Committee on Vision of the National Research Council Commission on Behavioral and Social Sciences and Education is in the process of establishing a Working Group on Aging Workers and Visual Impairment. Prospective members, who would be appointed for a 20-month period, will be experts in the visual sciences, gerontology, industrial psychology, and human factors research engineering, together with appropriate representatives from labor and management as they relate to aging.

Because there is an emerging older work force of unprecedented size in the United States, there is a need for an improved scientific understanding of vision and the aging process, for more relevant, job-related screening procedures, to improve the performance of the work force. These issues motivated the Committee on Vision to initiate this study of the visual changes experienced by older workers. These issues are also of great concern to the Veterans Administration and the National Institute on Aging which are sponsoring the study.

The task of the working group will be to survey recent literature on aging vision in order to identify and address issues related to older workers, characterize visual demands in various occupational and industrial settings, examine policy issues, and specify further research needs and strategies. The report will have several parts:

(a) The first part will review and synthesize findings and discuss methodological problems in obtaining and validating research. It would focus on at least the following issues: determinants, prevalence, and progression of visual impairments in aging workers; assessment of loss of visual function in older workers; and maintenance of aging workers' performance through job modification; and workstation design, technology adaptation, and employee training.

(b) A second part will examine the policy implications of the research findings and review the legal and ethical considerations involved in implementing various screening procedures.

(c) A final part will present a systematic set of recommendations for further research on aging workers and visual impairments.

A 20-month project is envisioned; the working group would meet approximately four times over the course of the project period. Commissioned papers would be solicited are reviewed at a 3-day workshop to be held after approximately 6 months. The commissioned papers as well as reviews prepared by staff and working group members will provide the basis for the working group's report.

Completion of the working group's report is projected for late 1986.

COMMITTEE ON HEARING, BIOACOUSTICS, AND BIOMECHANICS

A third committee of the Commission on Behavioral and Social Sciences and Education (CBASSE), the Committee on Hearing, Bioacoustics, and Biomechanics (CHABA), has reestablished a Working Group on Speech Understanding and Aging. Members of the committee, appointed for a 3-year term beginning October 19, 1983, represent psychoacoustics, audiology, speech reception, and medicine as they relate to aging.

The task of the working group is to update a 1975 CHABA report entitled "Speech Understanding and Aging," which reviewed the results of major studies in the area, including the difficulty of the aged in understanding degraded speech or in listening to speech where noise interference is occurring. The 1975 report also addressed the problems of those aged listeners who have unique language backgrounds or short-term memory problems requiring redundancy in the speech message.

The National Institute of Aging has requested a review of research produced in the past 8 years to update the 1975 report. A new feature of the report will include the difficulty of understanding speech for aged persons having an overlay of hearing impairment.

The report was drafted by the working group during the past year and will be submitted to CHABA for approval and transmitted to CBASSE early in 1985.

ITEM 27. NATIONAL SCIENCE FOUNDATION

DECEMBER 4, 1984.

DEAR MR. CHAIRMAN: Your letter of October 18, 1984, to the Director of the National Science Foundation (NSF) was referred to me since this Directorate supports much of NSF's research on aging.

I am pleased to report on the activities of NSF related to aging and the concerns of the elderly. As the enclosed report suggests, NSF does not have any programs directed specifically toward questions of aging. The Foundation does, however, support basic and applied research projects that have both direct and indirect relevance to this important area of national concern through its regular research support programs. Such projects have received support primarily from the Bioengineering and Research for the Handicapped Program in NSF's Directorate for Engineering and from two divisions of the Directorate for Biological, Behavioral, and Social Sciences.

If you would like additional information, please do not hesitate to call on me.

Sincerely yours,

DAVID T. KINGSBURY,
Assistant Director.

Enclosure.

NATIONAL SCIENCE FOUNDATION REPORT FOR DEVELOPMENTS IN AGING

The National Science Foundation, an independent agency of the executive branch, was established in 1950 to promote scientific progress in the United States. The Foundation fulfills this responsibility primarily by supporting basic and applied scientific research in the mathematical, physical, environmental, biological, social, behavioral and engineering sciences, and by encouraging and supporting improvements in science and engineering education. The Foundation does not support projects in clinical medicine, the arts and humanities, business areas or social work. The National Science Foundation does not conduct laboratory research or carry out education projects itself; rather, it provides support or assistance to grantees, typically associated with colleges and universities, who are the primary performers of the research.

The National Science Foundation generally is organized along disciplinary lines. None of its programs has a principal focus on aging-related research, although a substantial amount of research bearing various degrees of relationship to aging and the concerns of the elderly is supported across the broad spectrum of the Foundation's research programs. Virtually all of this work falls within the purviews of the Directorate for Biological, Behavioral, and Social Sciences and the Directorate for Engineering.

DIRECTORATE FOR BIOLOGICAL, BEHAVIORAL, AND SOCIAL SCIENCES

The research projects supported by this directorate are designed to strengthen scientific understanding of biological and social phenomena. Research is supported across the spectrum from the fundamental molecules of living organisms to the complex interaction of human beings and societal organizations. These projects are supported by six research divisions covering approximately 35 research programs. Virtually all the Directorate's current research relevant to aging is being conducted in its Divisions of Behavioral and Neural Sciences and Social and Economic Sciences.

Division of Behavioral and Neural Sciences

Research supported by this division advances understanding of the biological, environmental and cultural factors that underlie the behavior of human beings and animals, with an explicit emphasis on nervous system structure and function. Projects supported by this division related to the processes of aging and concerns of the elderly include, for example, work on the effects of aging on the structure and function of neuromuscular junctions, the points at which nerves and muscles make contact. Another project, at Stanford University, is concerned with the effects of aging on hormonal factors in the brain and on reproductive behavior patterns. Studies supported by the division's Anthropology Program include analyses of the effect of various levels of physical activity throughout the lifespan on the aging process, analyses of particularly long-living cultures in other parts of the world, and analyses of the ways in which aging and the elderly are viewed and treated in other cultures.

Other projects supported by this division are more indirectly relevant to aging in humans. For example, projects are being supported at the University of Washington and at UCLA looking at cross generational effects and the role of grandparents in primate groups. These analyses may contribute information useful to our understanding of the biological, social and cultural bases of similar phenomena in humans.

Division of Social and Economic Sciences

This division focuses primarily on expanding fundamental knowledge of how social and economic systems work. Attention is centered on organizations and institutions, how they function and change, and how human interaction and decisionmaking take place. This division's Economics Program is the primary place where aging-relevant research is being supported. One such project is focusing on the phenomenon of early retirement and it effects on the labor force. This study is also looking at the interrelationship of health (disability) status, the adequacy of disability-related transfers and labor market opportunities. Another project supported by the Economics Program is devoted to an economic analysis of life insurance, annuities and social security in an overlapping generations system with uncertain lifetimes. This project will reveal information about the effect of the availability of life insurance, annuities and Social Security on social welfare and aggregate saving.

DIRECTORATE FOR ENGINEERING

The National Science Foundation's Directorate for Engineering seeks to strengthen engineering research in the United States and, as appropriate, focuses some of that research on areas relevant to national goals. This is done by supporting projects across the entire range of engineering disciplines and by identifying and supporting special areas where results are expected to have timely and topical applications.

All aging-related research supported by this directorate is through its Bioengineering and Research for the Handicapped Program. Most of this work is indirectly related to issues of aging and the elderly—its relevance derives from the increased propensity for the elderly to develop physical handicaps. For example, this program is supporting work on hip prostheses and mechanisms to deal with the problem of loosening of the parts of these devices. Another set of projects is focusing on the surface characteristics of materials used in artificial blood vessels, and the characteristics of materials used in developing implantable prosthetic devices. Another example is provided by a set of studies examining techniques for using electromyographic signals to control the signals which activate lower limb motor activity in such individuals as paraplegics and stroke victims. Most of the resarch supported by this program has potential impact on aging, as well as nonelderly, individuals.

ITEM 28. OFFICE OF CONSUMER AFFAIRS

NOVEMBER 23, 1984.

DEAR MR. CHAIRMAN: In response to your request, I have enclosed the "Report of Activities of the U.S. Office of Consumer Affairs During 1983 Relating to Older Consumers."

My office is pleased to have the opportunity to contribute to the committee's annual report on aging. I am keenly aware of the problems, needs, and concerns of our elderly consumers. In 1985, my office will expand its activities to provide even greater assistance to elderly consumers.

Sincerely.

VIRGINIA H. KNAUER,
Director, and Special Adviser to the President for Consumer Affairs.

Enclosure.

REPORT OF ACTIVITIES OF THE U.S. OFFICE OF CONSUMER AFFAIRS DURING 1984 RELATING TO OLDER AMERICANS

The Director of the U.S. Office of Consumer Affairs (OCA) is Virginia H. Knauer, who is also Special Adviser to the President for Consumer Affairs. The President has also designated Mrs. Knauer as the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Mrs. Knauer directs consumer affairs activities at the Federal level. OCA provides the staff and administrative support to carry out these responsibilities.

OCA encourages and assists in the development and implementation of programs dealing with consumer issues and concerns; advises agencies on the effectiveness of their consumer programs; exchanges views with business and industry officials by encouraging the development of voluntary employment, consumer protection and information programs; serves as the focal point for the coordination and standardization of Federal complaint handling efforts; works to improve and coordinate consumer education at the local, State, and Federal levels; and cooperates with State and local government agencies, and voluntary, consumer and community organizations in the delivery of consumer services and information materials.

The major activities focus on voluntary mechanisms, marketplace innovations, consumer education and information, and conferences to exchange information and develop dialogs. OCA activities also focus on helping State and local government units and consumer and community groups to deal with issues affecting consumers.

Highlighted below are major activities having the greatest impact on older Americans.

OUTREACH

With assistance from OCA, Sears introduced and distributed 7.5 million copies nationwide of its "Home Health Care Resource Catalog." It contains a broad range of therapeutic equipment and special health devices such as wheelchairs and other ambulatory aids. The catalog also provides a directory of community agencies, both public and private, that offer rehabilitation and related services to the elderly and handicapped.

OCA, in cooperation with the American Association of Retired Persons and selected organizations for the disabled and elderly, is participating in a major program initiative to assist the disabled elderly population to achieve increased personal, social and economic independence through a range of consumer-oriented activities, e.g., information and guidance on the purchase of products and services and advice and suggestions on obtaining rehabilitation services and training, employment-counseling and placement.

OCA is coordinating a joint effort with the American Bankers Association and the American Association of Retired Persons to study the needs of the elderly using financial services which will be completed in early 1985. The results from the study will lead to new and expanded training programs for bankers which will assist them in better serving the elderly.

OCA is working with the Southwest Bell System in promoting its Silver Pages Discount Program for Senior Citizens. The Silver Pages will list discounts available to senior citizens from department stores, drugstores and other local business establishments. The Silver Pages will be a new supplement to the regular Yellow Pages and resident directory.

OCA, in cooperation with Avon Products Inc., and the General Federation of Women's Clubs, is jointly sponsoring a 2-year national project to foster community level consumer education and information programs. Over 12,000 local clubs are involved in the project. Elderly consumers will especially benefit from the education programs.

MEETINGS AND CONFERENCES

The April 4-7 annual meeting of the National Council on the Aging, attended by 3,500, the May 2-4 annual meeting of the President's Committee on Employment of the Handicapped, attended by over 5,000 disabled consumers, and the August 20-23 National Associations of State and Area Agencies on Aging, attended by over 1,000 aging professionals, featured OCA's "Consumer's Resource Handbook" among its select exhibits. The display was particularly appropriate because the handbook contains information of special importance to elderly and disabled consumers on making informed decisions in the marketplace and getting consumer complaints resolved.

OCA sponsored a White House meeting on May 29 to focus national attention on consumer fraud in the commodities industry and its impact on the elderly. A coordinated consumer education campaign was announced by the National Futures Association and the Commodity Futures Trading Commission, who cosponsored the meeting. In October, OCA participated in a similar conference designed to combat consumer fraud in the commodities industry. The meeting was held in Dade County, Fla. The elderly are especially susceptible to commodity fraud.

OCA sponsored a conference on the "Consumer and the Financial Service Revolution" on June 28 and 29 in Dallas, Tex. One of the major issues identified was the trend toward segmenting markets which make it difficult for many low and moderate income elderly to afford banking services. A second conference is scheduled January 9-11, 1985 in Phoenix, Ariz. The conference theme is, "Financial Services and the Marketplace: A Renaissance in Competition." Issues to be addressed include: electric funds transfer, consumer compliance issues and safeguards, privacy, funds availability and segmentation.

OCA cosponsored a luncheon with AT&T on July 18 to introduce and publicize AT&T's booklet, "Products From the AT&T National Special Needs Center." The booklet highlights products which assist persons with hearing, speech, sight and motion impairments. Federal officials, disabled and aging organizations, business and labor representatives attended.

OCA recommended and participated in a White House signing ceremony with representatives of aging groups as invitees for S. 1538, the "Drug Price Competition and Patent Term Restoration Act of 1984." The bill provides consumers with less costly generic versions of many widely-prescribed drugs. Currently, 20 percent of the people who buy drugs in this country are elderly. This measure will offer them significant savings in meeting escalating medical costs.

Information and Education

Consumer News, OCA's monthly newsletter, carries articles of general interest to consumers. The following articles were of special interest to elderly consumers:

February.—Discussed the dangers of hypothermia and its impact on the elderly.

March.—Announced the winner of the American Association of Retired Persons' poster contest which was held in conjunction with National Consumers Week. Working through its 5,000 chapters, AARP focused national attention on the need for the elderly to be informed and discriminating consumers. The same issue highlighted the Sears Home Health Care Catalog. The catalog introduces elderly and handicapped consumers to products and resources which are designed to provide assistance.

May.—Reported on the Food and Drug Administrations' requirement for sodium disclosure on the labels of selected products. The information will be particularly useful to the elderly. The same issue carried a warning from the Postal Service that consumers should investigate before ordering products by mail. The effective date for implementation of the Federal Trade Commission's funeral rule was also announced.

June.—Discussed the benefits of direct deposit for Social Security and other government checks. The issue also discussed OCA's meeting on investment fraud which was cosponsored with the National Futures Association and the Commodity Futures Trading Commission.

July.—Carried OCA's special report on "Heat Stress."

August.—Publicized the availability of the slide/tape show, "Keeping Your Cool in the Heat."

September.—Discussed the National Council on Patient Information and Education Conference which focused on the importance of providing consumers with drug information. The same issue announced AT&T's brochure, "Products from the AT&T Special Needs Center." The issue also publicized the new publication, "a Good Nursing Home: Citizens' Rating Guide to Seattle and King County Nursing Homes."

October.—Discussed the generic drug bill. The same issue discussed the new Voting Rights Act which eliminates barriers that prohibit many elderly and disabled citizens from using polling places to vote.

November.—Discussed new rules regarding medical devices and the creation of a pacemaker registry. The same issue announced the new publication entitled, "Starting Your Own Patient Advisory Council." It is intended to increase patient participation and satisfaction.

ENERGY

OCA worked with the Center for Environmental Physiology and the Consumer Affairs Committee of the American Gas Association in producing the slide/tape show, "Keeping Your Cool in the Heat." The show explains how the elderly can prevent heat stress and is also available in Spanish.

OCA updated and reprinted the Energy Consumer Guide. The reprint entitled, "Your Keys to Energy Efficiency," lists agencies and organizations which provide useful information on everything from household energy-saving tips to energy conservation projects sponsored by local community groups. The booklet, which was distributed to aging organizations, also provides information on the dangers of hypothermia and heat stress.

OCA sponsored a meeting November 29 during the American Society for Testing and Materials' annual conference in Williamsburg, Va. The purpose of the meeting was to educate the society's thermometer committee about the need for thermometers that accurately measure hypothermia. The meeting was cosponsored with the Food and Drug Administration and the National Energy and Aging Consortium.

In speeches before the Department of Energy/National Energy and Aging Consortium luncheon on May 23, Arizona Energy and Older Adult Forum on November 2, and Federal Council on the Aging Symposium on Accidental Hypothermia on November 14, the OCA Director encouraged representatives of aging organizations, government, and energy producers and suppliers to work together to address the energy needs of the elderly.

OCA is cooperating with the Center for Environmental Physiology, American Gas Association and the Administration on Aging in establishing local model projects as part of the national education campaign on hypothermia and heat stress. Participating cities include: Cleveland, Philadelphia, Buffalo, Los Angeles, Milwaukee, and Erie, Pa. Additional cities will be targeted for 1985.

MAIL FRAUD

Despite Federal and State efforts, mail order fraud continues to flourish, hitting homebound disabled consumers and the elderly especially hard. In an effort to help Federal, State, and local consumer protection agencies combat this burgeoning consumer problem, OCA is working with the National Association of Consumer Agency Administrators and other Federal and State agencies to determine the feasibility of establishing a mail order clearinghouse that will provide Federal and State consumer protection officials for the first time with an efficient means of sharing information on bogus and badly managed mail order operations. This information would be collected from the 400 State and local consumer protection agencies around the country and from appropriate Federal agencies, consolidated, indexed, and then disseminated to participating Federal and State agencies. The information included in the clearinghouse reports would be treated as investigative data and each participating agency would have to sign a pledge of confidentiality.

NATIONAL CONSUMERS WEEK

OCA coordinated National Consumers Week which was held April 23–29. The President and many Governors and mayors issued proclamations and community classes, workshops, contests, exhibits and displays were held throughout the country. Many of the activities addressed issues of interest to the elderly. OCA is coordinating 1985's National Consumers Week which is scheduled for April 22 through 28.

INTRAGOVERNMENTAL ACTIVITIES

OCA has awarded a competitive contract to study the handling of consumer complaints by government, voluntary organizations, and business. This is an update of the 1974–1979 landmark "Consumer Complaint Handling in America" study funded by OCA. The earlier study has been given credit for a revolution in complaint handling practices in companies as diverse as General Electric, American Express, General Motors Buick Division, and Coors Beer. It is also responsible for bringing about improvements in many Federal agency compaint handling functions. Although the state of the art of complaint handling has moved forward during the last 5 years, progress has not been evenly distributed across the board. This update study will evaluate the adequacy of complaint handling by the public and private sectors, recommend improvements, and suggest alternatives, where appropriate, for more uniform, effective, and integrated approaches to the handling of consumer problems. The improved complaint handling process will be especially useful for elderly consumers.

Committees

OCA was represented on the following committees which have a special impact on the elderly.

The National Energy and Aging Consortium is a network of 40 government, aging and private sector organizations which have joined together to help the elderly cope with rising energy costs.

The Information and Referral Consortium on Aging is a network of government, aging and private sector organizations which provide information about and develop programs which strengthen information and referral systems throughout the country.

Executive Order

The OCA Director is designated by the President to be the Chairperson of the Consumer Affairs Council, established by Executive Order 12160. Executive Order 12160—the Consumer's Executive Order—is a directive to Federal agencies to institute consumer programs which are effective and responsive to the needs of consumers. This action is a logical progression from the consumer representation plans of the 17 executive branch departments and agencies developed in 1976.

The order addressed the problems of citizens in achieving adequate participation in government decisionmaking processes. For example, agencies are required to develop information materials to inform consumers about their procedures for participation. Elderly consumers have been identified as a constitutent group which should be reached with information. Under the order, agencies must ensure that groups such as the elderly are being reaches.

ITEM 29. PENSION BENEFIT GUARANTY CORPORATION

December 13, 1984.

Dear Mr. Chairman: I am submitting the attached report in response to your letter of October 17, 1984, which you had addressed to Raymond J. Donovan, Chairman of the Board of Directors of the Pension Benefit Guaranty Corporation (PBGC). In your letter, you requested a review of the PBGC's activities during the fiscal year 1984 which affected older Americans.

Thank you for giving us the opportunity to report on our programs and services on behalf of the elderly.

Yours sincerely,

Royal S. Dellinger,
Deputy Executive Director
for Resource Management.

Attachment.

Pension Benefit Guaranty Corporation Activities During Fiscal Year 1984 Affecting the Elderly

The Pension Benefit Guaranty Corporation (PBGC) is a Federal Government agency created under title IV of the Employee Retirement Income Security Act of 1974 (ERISA). The PBGC is responsible for administering two insurance programs covering private, tax-qualified, defined benefit pension plans. One of these programs guarantees the payment of basic retirement benefits in the event of the termination of an insured single-employer plan; the other program guarantees the payment of basic retirement benefits in the event of the insolvency of an insured multiemployer plan. Given the PBGC's primary purpose of ensuring the security of American workers' retirement income, this agency's activities in one way or another will have some bearing on the lives of millions of older Americans both now and in the future.

The PBGC's single-employer pension plan termination insurance program currently covers approximately 29.4 million participants of nearly 110,000 defined benefit plans. Under this program, when a covered single-employer plan terminates, the PBGC insures the payment of retirement benefits, in the form and amount promised by that plan and subject to limits established by ERISA. Prior to the actual termination of the plan, the plan administrator submits to the PBGC extensive financial, actuarial, and documentary information about the plan. The PBGC reviews this data to determine whether the plan has sufficient assets to pay at least those benefits guaranteed by the PBGC. If the plan is sufficiently funded, the PBGC authorizes the plan administrator to distribute plan assets, and the plan is closed out in the private sector without further PBGC involvement. If the plan does not have sufficient money to pay the guaranteed benefits, the PBGC will seek to become trustee of the plan, with full responsibility to administer the plan and to see that benefits are paid when due, and will seek to recover from the employer the amount of the plan's underfunding, subject to limitations noted in ERISA.

From enactment of ERISA in 1974 through the end of fiscal year 1984, the PBGC has received about 57,800 notices of single- and multi-employer plan terminations. Of these, 98 percent had sufficient funds to pay all guaranteed benefits. As of the end of fiscal year 1984, the PBGC was trustee of over 1,000 plans, with over 120 other potential trusteeships pending. Currently, the PBGC is paying approximately 70,000 participants about $155 million annually in benefits, and is obligated to pay another 90,000 people (deferred vested participants) when they become eligible for benefit payments in the future.

The PBGC's multiemployer pension plan insolvency insurance program covers approximately 8.8 million participants in nearly 2,500 plans. Under this program, the PBGC provides financial assistance to multiemployer pension plans that lack sufficient funds to pay benefits when due. Insolvent multiemployer plans are obligated to undergo a reorganization, which includes restructuring retirement benefits and employer contributions, in an attempt to recover a sound financial footing. These plans also are required to repay the Corporation for its financial assistance if possible. As of the end of fiscal year 1984, the PBGC had loaned approximately $1.9 million after repayment, to two multiemployer plans.

During the fiscal year that ended September 30, 1984, the PBGC implemented several new policies of significance to participants in plans insured by this agency. In March of this year the PBGC, in conjunction with the Department of the Treasury (Treasury) and the Department of Labor (DOL), issued guidelines governing terminations of pension plans from which plan sponsors recover excess plan assets. The purpose of the guidelines' provisions is to prevent potential abuses in overfunded plan situations and to clarify the steps that must be taken in order to receive approval for the termination from the PBGC. One such requirement is that, as of the date of plan termination, all participants must be fully vested at the level of their accrued benefits and these benefits generally must be provided through the purchase of guaranteed annuity contracts from financially sound insurance companies. Such contracts represent irrevocable commitments to pay the full value of the accrued benefit to the participant without risk of loss due to investment market fluctuations, failure of the plan sponsor, or other reasons. In cases where participants are offered lump sum payments of their accrued benefits in lieu of future annuity payments, the guidelines require that a reasonable interest rate assumption be used so that the amount of the lump sum fairly reflects the value of the pension to the participant. In order to assure the use of a reasonable interest rate, the PBGC has proposed an interim final regulation that specifies guidelines for acceptable rates of interest.

The termination guidelines also provide that when a successor plan is established to replace a terminated overfunded plan the new plan may provide pension credit for service performed under the old plan.

The PBGC also completed development of an initiative called the Enrolled Actuary Certification Program, which is designed to expedite the PBGC's processing of sufficient plan terminations. Under this program, the PBGC will accept an enrolled actuary's certification that a terminating plan has at least enough money to pay out all the benefits that the PBGC would guarantee. This signed certification would replace current requirements that terminating plans demonstrate "sufficiency" by submitting extensive financial and actuarial data to the Corporation which must be reviewed prior to authorizing the plan administrator to distribute the plan's assets. Once instituted, this program will significantly reduce the amount of time necessary for the PBGC to process sufficient plan terminations and will mean faster distribution of benefits to the affected plan participants.

In fiscal year 1984 the PBGC instituted other policy and procedural changes to enhance its ability to guarantee and pay benefits promised by terminating plans. In an effort to reduce the amount of time participants may go without receiving benefits after termination, the PBGC now will pay estimated guaranteed benefits to out-of-pay-status participants prior to the PBGC's assuming trusteeship of the plan in question, as long as certain conditions are met. Further, once the date of plan termination has been established, the PBGC will cover missed payments with estimated backpayments, rather than wait until final guaranteed benefits have been determined. These two policy revisions represent an acceleration by the Corporation of its payment of these benefits to the affected plan participants. The agency's past experience indicates that these policy changes will greatly alleviate the disruptions and financial burdens suffered by such participants, many of whom are elderly, in similar instances in the past.

In addition to its operational activities, the Corporation engaged in a number of initiatives designed to impove its ability to administer its insurance programs and to deliver services on a more efficient and timely basis. The PBGC continued to acquire and implement an in-house corporate computer facility. This facility will eventually satisfy all of the PBGC's automated data processing needs resulting in significant reduction in administrative expense in that area. The agency also developed a corporate management planning and control system to assure maximum use of available resources in meeting the Corporation's goals and objectives.

As in prior years, the PBGC continued to seek congressional approval of an increase in the single-employer premium and of legislative reforms of the single-employer program. The PBGC had requested an increase from the current $2.60 to $7 per participant per year. The Corporation is now reassessing its premium needs in light of the lack of enactment during the 98th Congress. The PBGC, as a wholly-owned Government corporation, is self-financing through premiums received from sponsors of plans covered by the PBGC insurance programs. The PBGC does not receive funds from Federal tax revenues.

An increase in the premium is necessary because the current premium level of $2.60 is not adequate to retire the existing deficit and to handle expected future claims. The legislative reforms being sought by the PBGC seek to minimize program abuse, encourage the maintenance and continuation of voluntary defined benefit pension plans, and assure the timely and uninterrupted payment of pension benefits to participants and beneficiaries of PBGC-insured plans. Both the reforms and the premium increase are essential if the Corporation is to continue in its role of protecting the retirement income of the more than 38 million American workers and elderly retired persons whose benefits are insured by this agency.

ITEM 30. POSTAL SERVICE

DECEMBER 4, 1984.

DEAR MR. CHAIRMAN: This is in response to your letter of October 17, requesting an annual report on the activities undertaken by the Postal Service on behalf of older Americans.

Enclosed is the requested report. If you require additional information, please call me or have your staff contact William T. Johnstone, Assistant Postmaster General, Government Relations Department, on 245-4181.

Sincerely,

WILLIAM F. BOLGER,
Postmaster General.

Enclosure.

REPORT OF THE POSTMASTER GENERAL

The U.S. Postal Service is the people's means of communications with a statutory mandate to provide universal postal services to all citizens everywhere at a uniform letter rate of postage. An agency with such a clear public service mission must be and is sensitive to the needs of senior citizens. The Postal Service has for several years followed a policy of rate stability so as to stretch out the intervals between postage rate increases. When new postage rates are put into effect in early 1985, it will have been 3½ years since the last increase. Few private sector vendors of goods or services can match this pricing policy. Besides keeping the price of postal services affordable, the Postal Service has also tried to make it easier for older Americans to conduct their postal business.

For many years, postal customers in rural and some suburban areas have been able to purchase stamps and a wide variety of postal services directly from their rural carrier. Customers on city delivery postal routes in urban and suburban areas can order and purchase postage stamps and stamped envelopes without making a trip to the post office through the use of the Stamps-by-Mail Program. The customer obtains a prepaid postage order envelope (form 3227) from the letter carrier or by calling the local delivery unit and requesting that the form be delivered to the residence. The customer would then enclose a personal check, and can either drop the envelope in a collection box or give it to a letter carrier. After the order is promptly processed by retail employees, stamps are normally delivered to the customer's mailbox within 3 days from receipt. The minimum order is a book of stamps. This program has proven to be very convenient means for those elderly individuals who find it difficult to commute to the local post office.

The Postal Service has a longstanding policy of granting exceptions on a case-by-case basis to delivery regulations if the customer has a special need or is experiencing a hardship. This policy continues in effect and is used to accommodate the special needs of handicapped or otherwise infirm customers who are unable to obtain mail from a receptacle located any distance from the home and who do not have a neighbor or relative to assist them.

Since the Carrier Alert Program was officially sanctioned in July 1982, with a joint statement of understanding signed by the President of the National Association of Letter Carriers and the Postmaster General, the expansion of this program has been impressive. Every week, new carrier alert programs are initiated with local sponsoring agencies. Many elderly customers voluntarily participate in the program. While no records have as yet been kept concerning the number of communities which have implemented the program, the best current estimate is that there are at least 50. The program provides an alert mechanism for elderly and handicapped citizens where letter carriers look for accumulations of mail which may signal an accident or illness. A local community sponsoring agency is then notified of this mail accumulation for followup attention. There have been at least eight reported incidents, since July 1982, where a carrier's alertness and action in reporting a possible problem with a customer has been credited with saving a life. Judging by the numerous favorable news media articles appearing in publications around the country, and the awards bestowed upon the Postal Service in general, and several letter carriers in particular, it is obvious that the program has been extremely well received by the general public.

In 1984, the Office of Consumer Affairs completed the acquisition of a telecommunication device for the deaf (TDD). This has opened a channel of direct communication with the Postal Service for over 800,000 American consumers, many of whom are elderly, who cannot use standard telephone equipment because of a hearing impairment. In January 1985, the TDD access number will be advertised in updated copies of Consumer Affairs publications, the Washington telephone directory, and other national TDD directories.

During the past year, in response to comments from elderly customers about the difficulty they were having reading the denominations on postage stamps, the Stamps Division recently increased the size of the numbers on all postage stamps, postal cards, aerogrammes, and embossed stamped envelopes. The results of this action will be realized as the 1985 postage stamp program is implemented.

Senior citizens tend to be heavy users of the mail system. Many of them live alone and are on fixed incomes and shopping by mail provides an ideal way for them to obtain products and services at a minimum of cost and effort. Unfortunately, they are likely targets to those few individuals who operate mail order swindles. Through mail fraud and misrepresentation of products and services, these unscrupulous promoters not only cheat the consumer, but blemish the reputations of the legitimate mail order industry as well.

Throughout 1984, the Postal Inspection Service maintained its efforts to increase the public's awareness of the threat imposed by postal crime. A cadre of Postal Inspectors across the country have been trained as crime prevention specialists. On a routine basis they work with other Federal and State agencies, consumer groups, and appear on radio and television in an effort to educate and inform the public about mail fraud and other postal-related crimes. Two slide presentations, "Protecting Your Mail" and "Fraud By Mail," were issued during the year and are being shown to the public by the crime prevention specialist. A brochure entitled "A Consumer's Guide to Postal Crime Prevention" was also developed and it cautions senior citizens, as well as other consumers, against various postal offenses, including mail fraud and mail theft. The Postal Service is also a member of the Crime Prevention Coalition, which is a national organization designed to provide crime prevention tips to the public. The Coalition conveys messages to the public using the familiar symbol for crime prevention, "McGruff, the Crime Dog."

In conjunction with the American Association of Retired Persons (AARP) the Postal Inspection Service drafted a script which will accompany a slide presentation, to be developed by AARP. The slides focus on mail fraud schemes which are targeted at the elderly. The slide presentation will be distributed by AARP and shown to members of their organization which consists of more than 8,000 chapters.

Despite the existence of such preventive measures, the number and variety of mail fraud schemes ensure that some people will continue to become victims of mail fraud promoters. The Postal Service can exercise several legal options in order to thwart mail fraud. Under the mail fraud statute, title 18, U.S. Code, section 1341, criminal prosecution is considered and provides for up to 5 years in prison and a $1,000 fine to those who use or cause the mails to be used to further a fraudulent scheme. Even more important to the consumer, action can be taken under the postal false representation statute, title 39, U.S. Code, section 3005. This section permits the Postal Service, upon proper showing before an administrative law judge, to withhold and return to the sender, mail addressed to anyone who solicits moneys through the mails by false representations. The Postal Service can also request the U.S. District Court in the area where the promotion receives the mail to issue a temporary restraining order which would stop the delivery of the mail until the administrative law judge renders a decision.

There are several types of fraudulent promotions, which, by their nature, tend to focus on the elderly. One of the most prevalent frauds is the work-at-home scheme. Those senior citizens who live on a fixed income and seek additional means of supplementing his or her income may be enticed by an advertisement which promises enormous earnings while working in the convenience of the home. The promoter of this scheme usually requests an initial fee from the consumer prior to forwarding any information about the plan. The fraud often continues as a pyramid operation whereby the consumer involves others in the scheme, resulting in funds being generated toward the promoter and not the respondents.

Another fraud perpetrated against the elderly is the mail order sale of worthless pills and devices which promise to rid the aged of needless suffering. The pills and devices have not been tested by medical authorities and could be injurious to health. Probably the cruelest of these medical frauds are those that offer hope for the cure of major illnesses such as cancer and diabetes. Another aspect of medical fraud are the health insurance policies advertisements which are supposed to pick up where Medicare leaves off. Many of these policies offer inadequate coverage or the type of coverage which may not be right for the individual. There are those insurance companies who will sell any type of insurance regardless of the individual need.

Advertisements for appealing land sales deals usually attract the attention of those individuals approaching retirement or those already retired. The warm climate, low down payments, and easy monthly installments appear alluring until the purchaser discovers that the land is located in an isolated area or desert wasteland and cannot be resold for even a fraction of the price paid.

Millions of checks, bonds, money orders, credit cards and food stamps are delivered each year by the Postal Service. These items are appealing targets for mail thieves. Although the number stolen in relation to the number mailed is minute, the Postal Service still considers this as a significant problem and recognizes the impact the law has on the victim, particularly on elderly persons who are dependent on the checks as their sole source of income. In coordination with the Treasury Department, a mailing insert was developed to provide information on protecting one's mail. This insert was placed in the envelopes with the checks issued to the over 30 million Federal benefit recipients, many of whom are elderly.

In addition to these preventive measures, the Postal Inspection Service cooperates with the U.S. Secret Service and local police in investigating the forgery of checks believed stolen from the mail. They also work with officials of check issuing agencies to improve procedures for the prompt charge-back of checks and referral of information whenever theft from the mails is involved. With the assistance of the public housing authorities the installation and maintenance of more secure mail receptacles and mailrooms has also prevented the possibility of theft.

ITEM 31. RAILROAD RETIREMENT BOARD

NOVEMBER 30, 1984.

DEAR MR. CHAIRMAN: In response to your letter of October 17, 1984, we are enclosing a report summarizing the U.S. Railroad Retirement Board's program activities for the elderly during fiscal year 1984.

We look forward to your committee's report on "Developments in Aging: 1984."

Sincerely,

BEATRICE EZERSKI,
Secretary to the Board.

Enclosure.

U.S. RAILROAD RETIREMENT BOARD

The U.S. Railroad Retirement Board is an independent agency in the executive branch of the Federal Government. The Board's primary function is to administer comprehensive retirement-survivor and unemployment-sickness benefit programs for the Nation's railroad workers and their families, under the Railroad Retirement and Railroad Unemployment Insurance Acts. In connection with the retirement program, the Board has administrative responsibilities under the Social Security Act for certain benefit payments and railroad workers' Medicare coverage.

Because of its experience with railroad benefit plans, the Board has been given, in recent years, administrative responsibility for certain employee protection measures provided by other Federal railroad legislation, such as the Regional Rail Reorganization Act, the Northeast Rail Service Act, the Milwaukee Railroad Restructuring Act, and the Rock Island Railroad Transition and Employee Assistance Act as amended by the Bankrupt Railroad Service Preservation and Employee Protection Act.

RAILROAD RETIREMENT LEGISLATION

During the 1984 fiscal year, the Boad implemented many of the provisions of the Railroad Retirement Solvency Act, which had been signed into law shortly before the start of that fiscal year.

The Solvency Act was necessitated by a financial crisis which would have otherwise required the Board to effect a general benefit decrease of 15 to 20 percent in all railroad retirement annuities on October 1, 1983. The Solvency Act increased payroll taxes, deferred cost-of-living increases, reduced early retirement benefits, made benefits subject to Federal income taxes, and provided other measures designed to place the railroad retirement system on a sound financial basis.

The Solvency Act followed Social Security amendments enacted earlier in the 1983 fiscal year, which has also increased payroll taxes, deferred cost-of-living increases, reduced early retirement benefits, and made benefits subject to Federal income tax. This Social Security legislation had already effected significant changes in railroad retirement taxes and benefits through coordinating provisions in the Railroad Retirement Act.

Six months after enactment of the Solvency Act, the Board was able to report to the White House and the Congress that the Railroad Retirement Account would have sufficient funds throughout the decade to pay all benefits due under the Railroad Retirement Act, even under pessimistic employment assumptions. The Board's report stated that:

"The most important factor in a determination of the account's future ability to pay benefits is the projected level of railroad employment. Projections for this report have been developed on the basis of two assumptions regarding the course of railroad employment during the next 5 years. The higher assumption was developed as a reasonably conservative estimate of future railroad employment. The lower assumption is deliberately pessimistic and represents a test of the account's ability to pay benefits if a sharper drop in employment takes place than is presently anticipated. Actual average employment in 1983 was 398,000.

"The assumptions, and the resulting December 31 fund balances, are shown in the following table. The employment assumptions are in thousands and the fund balances are in millions. The fund balances represent the combined Railroad Retirement and Social Security Equivalent Benefit Accounts, which is believed appropriate for purposes of this report.

Calendar year	Assumption I	Assumption II	Fund balance	
			Assumption I	Assumption II
1984	385	380	$2,073	$2,037
1985	370	360	2,988	2,883
1986	360	340	4,204	3,975
1987	350	330	4,662	4,290
1988	345	320	4,854	4,293
1989	340	310	5,004	4,199

"These results indicate that the 1983 legislation provides the Railroad Retirement Account with sufficient funds for the payment of benefits through 1989, even under a pessimistic employment assumption."

BENEFITS AND BENEFICIARIES

During fiscal year 1984, benefit payments under the railroad retirement and railroad unemployment insurance programs totaled $6.3 billion. Retirement and survivor benefit payments amounted to $6.1 billion, an increase of $58 million over the same period 1 year earlier. Unemployment and sickness benefit payments totaled $218.3 million, a decrease of $215.1 million from the preceding fiscal year.

The number of beneficiaries on the retirement-survivor rolls on September 30, 1984, totaled 970,000. The majority (81 percent) were age 65 or older. At the end of the fiscal year, 434,000 retired employees were being paid a regular annuity averaging $667 a month, about $18 higher than a year earlier. In addition, 202,000 of these employees were being paid a supplemental railroad retirement annuity averaging $49 a month. Some 230,000 spouses of retired employees were receiving an average annuity of $293 a month at the end of fiscal 1984. Of the 316,000 survivors on the rolls, more than 279,000 were aged widow(er)s receiving an average annuity of $441 a month. Some 841,000 individuals who were receiving or were eligible to receive monthly benefits under the Railroad Retirement Act were covered by hospital insurance under the Medicare program at the end of fiscal 1984. Of these, 825,000 (98 percent) were also enrolled for supplemental medical insurance.

Unemployment and sickness benefits under the Railroad Unemployment Insurance Act were paid to some 148,000 railroad employees during the fiscal year. However, only about $0.4 million (less than 1 percent) of the benefits went to individuals age 65 or older.

ADMINISTRATIVE ACTIVITY

Operations

Enactment of the Railroad Retirement Solvency Act of 1983 and the 1983 social security amendments necessitated extensive operations activity. Implementation of some of the amendments began immediately upon their enactment and continued during the 1984 fiscal year. The provisions initially requiring the most effort to implement were annuity adjustments effective December 1, 1983, and the provisions subjecting railroad retirement annuities and sickness benefits to Federal income tax. Other legislation which increased administrative activity included the provision of temporary extended unemployment benefits for short-service employees and the provision of funds to administer employee protection measures for former Rock Island employees.

Automation

The Board has adopted a 5-year automation plan which calls for development of a sophisticated and highly automated integrated information system.

During 1983, new computer equipment was installed in the Board's headquarters which will enable the Board to utilize state-of-the-art technology and align itself with other government agencies and industry in terms of overall data processing capabilities.

In 1984, the Board established a nationwide data communication network, linking its field offices across the country to headquarters computers. Video display computer terminals and printers are being installed in the Board's district offices. These terminals will provide field personnel with almost instant information about the credits and claims of the railroad person making inquiries.

As part of its automation plan, the Board also initiated development of an automated retirement, survivor, and Medicare claims processing system. This system is scheduled for completion in 1987.

An administrative management system will automate the Board's budget, personnel, payroll, inventory, purchasing, and general ledger systems in 1985. One of the benefits to be realized as a result of this effort will be significantly increased capability to make timely decisions based on up-to-date accurate information.

Administrative controls and achievements

In compliance with the Federal Managers' Financial Integrity Act of 1982, the Board completed vulnerability assessments of all its systems and put into place actions to deal with weaknesses identified in the course of these reviews. In addition to improving internal controls, the Board took further steps to formalize computer security responsibilities throughout the agency.

As part of its effort to eliminate waste, fraud, and abuse, the Board conducted an ongoing computer matching operation with the Health Care Financing Administration for detecting benefits erroneously paid to deceased annuitants. Almost $3.8 million in overpayments was identified during the first 26 months of the operation. Almost $2.6 million has already been recovered and reclamation procedures have been initiated for an additional $1.1 million.

The Board won a national award for excellence in suggestion system performance among agencies of the Federal Government.

ITEM 32. SMALL BUSINESS ADMINISTRATION

NOVEMBER 27, 1984.

DEAR MR. CHAIRMAN: I am pleased to respond to your request of October 18, 1984, for the Small Business Administration's submission to your committee report, Developments in Aging.

The Service Corps of Retired Executives, composed of volunteer retired business executives with self-administered chapters across the United States and its possessions, plays a vital role in the agency's delivery of technical assistance and counseling services to potential businesspersons and the small business community as a whole. The Office of Civil Rights Compliance, through their enforcement of the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B (12 CFR 202), and the Age Discrimination Act of 1975, protects the interests of older persons with respect to eligibility, treatment, and consideration for services, benefits, and credit.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

JAMES C. SANDERS, *Administrator.*

Enclosure.

INTRODUCTION

The Small Business Administration makes direct loans and guarantees loans made by banks and other financial institutions to small concerns; provides management and technical assistance to firms receiving SBA financial assistance and to other small concerns; licenses and regulates small business investment companies, a source of equity and venture capital assistance for small concerns; and provides procurement assistance to help small concerns in buying from and selling to the Federal Government.

SERVICE CORPS OF RETIRED EXECUTIVES (SCORE)

The Small Business Administration established a volunteer program called the Service Corps of Retired Executives (SCORE) in 1964. This group is composed of volunteer retired business executives—men and women who have had a lifetime of varied business and professional experience and who are willing to share their knowledge and experience with others. SCORE provides a confidential business person-to-person advisory relationship. Through indepth counseling and training, owners and managers receive help in identifying basic management problems, determining their cause, and becoming better managers by finding viable solutions. SCORE services are avalable to almost all small, independent businesses, not dominant in its field, as well as to persons contemplating entry into a new venture.

During fiscal year 1984, approximately 9,000 SCORE volunteers counseled approximately 150,000 clients. This free service of the Small Business Administration is quite frequently vital to the survival of the small business owner. SCORE volunteers are members of over 400 locally organized, self-administered chapters. Although services are provided without charge to the client, volunteers are reimbursed by the agency for out-of-pocket expenses. Small business owners/operators are benefited by this free service which is quite frequently the key to the survival of the business; and the SCORE volunteers are benefited by the sense of satisfaction which comes when one contributes his or her knowledge to help others.

OFFICE OF CIVIL RIGHTS COMPLIANCE

The Office of Civil Rights Compliance of the SBA has the responsibility to ensure that the agency, its recipients and subrecipients of financial assistance do not discriminate on the basis of race, color, religion, marital status, sex, age, handicap, or national origin in business, credit policies or services to the public. Specifically, with respect to older persons, the Office of Civil Rights Compliance monitors and enforces the nondiscrimination provisions of the Equal Credit Opportunity Act, Regulation B, which prohibits discrimination on the basis of age in credit, and the Age Discrimination Act of 1975 which prohibits discrimination on the basis of age in the delivery of services to the public. During fiscal year 1984, the Office of Civil Rights Compliance visited 631 business recipients and subrecipients of SBA's financial assistance to assure compliance with these Acts. Compliance was found to be good in all cases.

ITEM 33. VETERANS ADMINISTRATION

January 4, 1985.

Dear Mr. Chairman: I am pleased to respond to your request of October 18, 1984, for a report of the Veterans Administration's activities on behalf of older persons.

The VA has developed a high quality system that provides health care for more than 50,000 elderly veterans every day. Meeting the medical needs of older veterans constitutes the current greatest challenge to the VA.

Thank you for allowing us the opportunity to share this information with you.

Sincerely,

Everett Alvarez, Jr.,
Deputy Administrator.

Enclosure.

I. Introduction

Today one of ten Americans is 65 years old or older. Fifty years from now one of five Americans will be 65 years or older. The doubling of this portion of the population has been popularly labelled "the graying of America." Understanding of the impact of an aging population, and the basic changes in the social fabric which will result, is now developing. For society at large, it seems like a problem of the future.

For one large group in the Ameican population—America's veterans—the aging phenomenon or "geriatric imperative," and the changing needs which accompany it, is not a matter for future speculation. The Veterans Administration is dealing with a beneficiary population whose average age is increasing much faster than that of the population in general. In 1980, the proportion of veterans 65 and over was approximately the same as that in the general population. By 1990, it will be double the general population rate, and by 2000, nearly triple that rate.

The VA has the responsibility to meet the health, human services, and income maintenance needs of eligible veterans. It faces a much larger aged component in its population much sooner than does the Nation as a whole.

This fact presents a challenge to the VA—how to distribute its resources to meet the very different needs presented by an older population. Moreover, this challenge carries with it a responsibility—to develop and demonstrate effective approaches to the care of older veterans which can be observed and adapted by society at large as the general population ages.

The VA has been aware for some time of the special opportunity and special responsibility it has as a result of the aging of its client population. Over the past decade, VA researchers and clinicians have been at the forefront of the developing field of gerontology and geriatrics—the study of aging and the care of the aging members of a population, respectively. VA's gerontology research and training programs are a primary national resource preparing physicians and other health workers to deal with the problems of the aging. Special projects and individual VA medical center initiatives have developed and tested a variety of innovative, medically sound programs for meeting the needs of older persons. These programs have provided care in both institutional and community settings, often in cooperation with non-VA caregivers, educators and researchers.

The VA's health care system includes acute medical, surgical and psychiatric inpatient and outpatient care; extended hospital, nursing home and domiciliary care; noninstitutional extended care; and a range of special programs and professional services for elderly veterans in both inpatient and outpatient settings.

The VA operates the largest health care system in the nation, encompassing 172 hospitals, 105 nursing home units, 16 domiciliaries, and 226 outpatient clinics. Veterans are also provided contract care in non-VA hospitals and in community nursing homes, with fee-for-service visits to non-VA physicians and dentists for outpatient treatment, and with support for care in 46 State veterans homes and 3 annexes in 33 States. As part of a broader VA and non-VA network, affiliation agreements exist between virtually all VA health care facilities and nearly 1,000 medicial, dental, and associated health professional schools, colleges, and university health centers. This affiliation program with academic medical centers results in about 100,000 health professions students receiving education and training at VAMCs each year.

During the past 10 years, there has been increased utilization of VA inpatient hospital care by older veterans reflecting both their greater number as well as their significantly higher hospital utilization rates. The percentage of the veteran population age 65 or older increased from eight percent in 1977 to 14 percent in 1983. These older veterans use hospital services at a rate three to four times higher than younger veterans.

In just the last 5 years, the mean age of veterans has increased from 46 to 51 years. The net result of this shift in the age distribution has been an increased proportion of older veteran patients, as reflected in changing discharge patterns from VA health care facilities. In 1977, 19 percent of all patients discharged from VA medical centers were 65 or older. In 1983, this age group constituted 39 percent of all discharges, and it is expected to approach 60 percent by the year 2000.

An older population experiences a different mix of diseases than does a younger population. Conditions such as coronary and circulatory systems disease, respiratory diseases, neoplasms, organic brain disorders, and musculoskeletal diseases are all more prevalent in those over 65. This group of diseases tend to be chronic, progressive, and degenerative in nature, and the damage they cause is often permanent, requiring rehabilitation and/or long-term care. Older individuals often have more than one chronic condition, further complicating their clinical management and increasing the demands they make on their source of care.

In addition to exerting pressure on inpatient hospital care, the aging veteran phenomenon or "geriatric imperative" is also affecting the need for outpatient care. This treatment modality is an integral part of the VA medical center effort to provide care for the aging veteran.

As might be expected, older veterans represent the majority of patients being cared for in VA, community and State nursing homes. The proportions now range from 58 percent in community placements to 71 percent in State homes. These proportions are expected to increase in the future at a rate greater than the increase in the average age of veterans.

As in the case with other health care programs in the Nation, the VA is increasing the number and diversity of noninstitutional extended care programs. The purpose is to facilitate independent living by making available the appropriate sustaining medical and human services. Such programs include hospital based home care, adult day health care, psychiatric day treatment/mental hygiene clinics, and community residential care.

During fiscal year 1984, several studies of the VA and its geriatric imperative were completed. In conjunction with the Division of Aging and Health Policy Research, Harvard Medical School, a major conference was held in Boston, October 1983, that examined the potential for linking VA and community resources for older veterans. The proceedings of this conference exploring the policy alternatives has now been published. In April 1984, the Congressional Budget Office published a report, "Veterans Administration Health Care: Planning for Future Years." The demographic information correlates well with the VA's report, "Caring for the Older Veteran," published later in the year. A major Survey of aging veterans was completed in March 1984, and additional analyses of the data tapes are under way.

Over the past decade specific activities focused on the health needs of the older veteran have been developed, tested, and demonstrated in a variety of VA clinical settings. The two with the greatest potential for improving the care of older veterans are geriatric research, education and clinical centers (CRECC's) and geriatric evaluation units (GEU's).

GERIATRIC RESEARCH, EDUCATION, AND CLINICAL CENTERS

The VA's geriatric research, education and clinical centers (GRECC's) have, since 1975, provided a focus for development of innovative approaches to meeting the health needs of older veterans, have provided for integration of such approaches into practice in the system, and have provided training opportunities for all types of personnel involved in the care of older people. Ten GRECC's are currently in the VA system.

GERIATRIC EVALUATION UNITS

VA medical centers have also developed geriatric evaluation units (GEU's) to provide comprehensive diagnosis, treatment and discharge planning for elderly patients with multiple medical problems discovered during treatment in a hospital. There are currently more than 25 such programs in the VA system.

Coordination with the aging network under the Older Americans Act in the delivery of community-based care has been recognized by the VA as an important component in providing needed long-term medical and social services required by older veterans. The VA has, since its inception, been involved in the Administration on Aging's Consortium on Information and Referral Services for Older People. The agency, along with 13 other Federal and national nonprofit agencies, has entered into a working agreement with AoA to enhance those systems which provide information and referral services.

An area in which the Va has a great opportunity to expand its cooperative efforts which involve non-VA capacities. To initiate such involvement a major national conference on long-term care was held in September 1984, cosponsored by the VA and the American Health Planning Association. Entitled, "The Complex Cube of Long-Term Care," it addressed care for all segments of the population who require extended care, including the aged, the mentally ill and developmentally disabled.

A major feature of the conference—and one marking the meeting as the first effort of its kind—was its design to bring together policymakers from all levels of government in dicussions of how integrated programs can more effectively and efficiently provide long-term care. Health care professionals from both the public and private sectors, financiers and constituency groups also participated in the discussions.

Another key feature of the meeting was its design as a working conference. This design recognized that there are complex mixtures of service components, funding sources, affected population groups, eligiblity requirements and capacity needs which are siumultaneously interrelated, and that there are even differences in perception based on local jurisdictions. The conference therefore consisted of four major segments: primer sessions, to bring participants "up to speed" on the basics for the discussions; plenary sessions, to highlight overriding policy and ethical issues; concurrent issue sessions, to provide forums for national discussion of specific issues; and geographic breakout sessions, to provide for discussions on the problems within specific locals.

Comments from attendees made it clear that the conference and the proceedings which will be published from it are expected to exert influence on these issues areas for a considerable time to come.

In summary, the VA recognizes and accepts the challenge associated with the increasing number of veterans age 65 and older. We anticipate major new demands for services during the coming decades and are planning for them. To clarify the challenge, as seen from the VA's viewpoint, a report was developed which assesses the needs of our aging veterans. The report, "Caring for the Older Veteran," has been published and outlines some initial options for discussion of both "how" and "how much" would be necessary to meet the challenge. A review of this report over the next 18 months is anticipated, commencing in the near future, and will involve the appropriate committees of the Congress.

II. GERIATRICS AND EXTENDED CARE PROGRAMS

VA NURSING HOME CARE

The nursing home care units located in VA medical centers provide skilled nursing care and related medical services, as well as opportunities for social, diversional, recreational, and spiritual activities. Nursing home patients typically require a prolonged period of nursing care and supervision and rehabilitation services to attain and/or maintain optimal functioning.

In fiscal year 1984, 17,187 veterans were treated in VA nursing homes which had an average daily census of 9,060.

Six new nursing home care units were activated at VA Medical Centers Atlanta, GA; Batavia, NY; Richmond, VA; Portland, OR; Ann Arbor, MI; and Wichita, KS. These and other changes resulted in a net increase of 536 operating beds for a total of 9,956 beds at the end of fiscal year 1984 at 105 VA medical centers.

COMMUNITY NURSING HOME CARE

This community based program is a contract program for veterans who require skilled or intermediate nursing care when making a transition from a hospital to the community. Veterans who have been hospitalized in a VA facility for treatment, primarily of a service-connected condition, may be placed at VA expense for as long as they need nursing care. Other veterans may be eligible for placement in community facilities at VA expense for a period not to exceed 6 months. Selection of nursing homes for VA contract requires the prior assessment of participating facilities. Followup visits to veterans by teams from the VA medical centers are made to monitor patient programs and quality of care.

Fiscal year 1984 saw a moderate increase in community nursing home placements. During this year, 35,551 veterans were treated in the program. This represents an 4.3 percent increase over fiscal year 1983. Similarly, the number of nursing homes under contract increased to 3,349 or 2 percent over fiscal year 1983. The average daily census in these homes for fiscal year 1984 was 10,609.

Since April 1981 the VA has, through arrangements with States (coordinated with the Department of Health and Human Services), attempted to make maximum use of inspections conducted for Medicare or Medicaid inspection, reducing the amount of time and duplication in the nursing home inspection efforts of the VA. Due to cutbacks in inspection efforts of some States, however, the VA medical centers must continue to conduct a full team inspection of certain nursing homes. While the general VA policy of greater reliance on State inspections continues, this policy can only be carried out where there is a strong State inspection foundation.

VA DOMICILIARY CARE

Domiciliary care in VA facilities provides necessary medical and other professional care for eligible ambulatory veterans who are disabled by disease, injury, or age and are in need of care, but do not require hospitalization or the skilled nursing services of a nursing home.

Implementation of rehabilitation oriented program directions have created a better quality of care and life for veterans requiring prolonged domiciliary care and have prepared increasing numbers of veterans for return to community living for active participation in various community resources.

Special attention is being given to older veterans in domiciliaries with a focus on keeping them active and productive in the domiciliary as well as encouraging their utilization of senior centers and other resources in the community where the domiciliary is located. Patients at several domiciliaries are involved in senior center activities in the community as part of a focus on community integration. Other specialized programs in which older veterans are involved include Foster Grandparents, Handyman Assistance to senior citizens in the community, and Adopt-a-Vet.

In fiscal year 1984, 13,053 veterans were treated in VA domiciliaries which had an average daily census of 6,236.

STATE HOME PROGRAM

The State Home Program has grown from 11 homes in 11 States in 1888 to 46 State homes (one of which has three annexes) in 33 States. Currently a total of 17,655 beds are authorized to provide hospital, nursing home and domiciliary care.

The VA's relationship to State veterans' homes is based upon two grant programs. One is a per diem program which enables the VA to assist the States in providing care to veterans eligible for VA care who are furnished domiciliary, nursing home, or hospital care in State home facilities. The other grant program provides VA assistance with up to 65 percent Federal funding in the construction of new domiciliary and nursing home care facilities, and the expansion, remodeling, or alteration of existing facilities.

In fiscal year 1984, construction was started for a new State home for New Mexico, which would provide 133 nursing home and 53 domiciliary beds. The $21.7 million obligated by the VA in fiscal year 1984 for construction and renovation projects, also included a 300-bed nursing home in Manteno, IL, and new 50-bed nursing care wings for State homes in Vermont and Nebraska.

HOSPITAL BASED HOME CARE

This program allows for an early discharge of veterans with chronic illness to their own homes and reduces readmissions to the hospital. The family provides the necessary personal care under coordinated supervision of a hospital based multidisciplinary treatment team. The team provides the medical, nursing, social, rehabilitation, and dietetic regimens, as well as the training of family members and the patient. Forty-two VA medical centers are providing hospital based home care services, of which 12 were activated this past year. More acute care beds in hospitals are made available by providing increased days of care in the home.

In fiscal year 1983, 152,000 home visits were made by health professionals. Over 7,400 patients were treated.

ADULT DAY HEALTH CARE

Adult day health care (ADHC) provides health maintenance and therapeutic activities in a congregate setting for persons who, without these activities, would require continued and full time institutionalization. Advances in the understanding and treatment of certain illnesses of the elderly now make it possible for many of these persons to function independently with the partial care offered by day health activities.

During fiscal year 1984, the VA established standards, operational procedures, guidelines and evaluation methodology for VA and community (contract) ADHC facilities.

Four VA medical centers operated ADHC activities (North Chicago, IL; Butler, PA; American Lake, WA; and Palo Alto, CA) under the limited authority that has existed prior to the passage of Public Law 98-160. Their operation did not conform to the requirements of the new law.

Public Law 98-160, enacted November 21, 1983, authorizes the Veterans Administration to operate an ADHC Program both within VA facilities and under contract with community facilities, giving the agency broad authority to set standards for such care, and clarifying and extending eligibility requirements. This legislation also requires the VA to conduct a study of the medical efficacy and cost-effectiveness of ADHC and the comparative advantages and disadvantages of doing so through VA and contract facilities.

COMMUNITY RESIDENTIAL CARE (FORMERLY PERSONAL CARE HOME PROGRAM)

Legislation was proposed by the agency and enacted into law as Public Law 98-160, on November 21, 1983, to clarify the VA authority to operate this program, to set standards for selection of facilities (including health and safety criteria, and criteria for services provided by the home), to set standards for costs of care, and to develop procedures for discontinuance of referrals and provide assistance to veterans in those homes to other appropriate residents.

While this legislation, per se, is not expected to have a dramatic effect on the development of the program, it provides a much needed legislative basis on which to develop sound program management, with gradual expansion of this program (to medical and surgical patients) as an alternative to institutionalization.

This is the largest of the extended care programs and is operated at minimal expense since the only cost to the VA is for administration. Care is provided in private homes selected by the VA, at the veteran's own expense. This residential care activity includes room, board, personal care, and general health care supervision to veterans who do not require hospital or nursing home care, but who, because of health conditions, are not able to resume independent living and have no suitable family resources to provide the needed care. All homes are inspected by a VA multidisciplinary team prior to incorporation into the program, and annually thereafter. Veterans receive monthly followup visits from VA social workers and other health care professionals, and are outpatients of the local VA facilities. In fiscal year 1984, an average daily census of 11,600 was maintained in this program utilizing approximately 3,155 homes.

GERIATRIC EVALUATION UNITS

A geriatric evaluation unit (GEU) is usually a group of beds (ranging typically in number from 4 to 20) set aside on medical service or an intermediate care ward of the hospital where an interdisciplinary health care team performs comprehensive geriatric assessments to improve the diagnosis, treatment, and placement of older patients who may have some remediable impairments, multiple chronic diseases, or psychosocial problems which need to be fully assessed. In addition to improving care for older patients and preventing their unnecessary institutionalization, a GEU provides geriatric training and research opportunities for physicians and other health care professionals in the medical center.

Results from a controlled randomized study of GEU efficacy conducted at the VA Medical Center, Sepulveda, CA, show significant benefits associated with admission to the GEU, such as improved survivial and rehospitalization rates, functional status, and living location.

Currently there are more than 25 geriatric evaluation units in the VA medical system. The recently released agency report, "Caring for the Older Veteran," sets a goal of establishing GEU's in 70 percent of the VA medical centers by 1990 and in every VA medical center by the year 2000.

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTERS (GRECC'S)

The geriatric research, education and clinical centers (GRECC's) play an important role in further developing the capability of the VA system to provide maximally effective and appropriate care to older veterans. First implemented in 1975, GRECC's are designed to enhance the system's capability in geriatrics by conducting integrated research, education and clinical care. Each center focuses on one or more areas of geriatrics, such as cardiology, dementia and cognitive decline, drug metabolism and metabolic diseases, geropsychiatry, interdisciplinary team assessment and care, immunology, and rheumatology.

At present there are 10 centers located at VA medical centers in several regions of the country. A total of 15 centers is authorized by Congress, and therefore five additional centers are planned for activation during the next 3 to 5 years if resources are made available.

III. MEDICAL SERVICE

Medical Service physicians continued to provide a wide range of general medical and subspecialty services to elderly veterans on acute and intermediate medical wards, and to actively participate in geriatric fellowship training, GRECC's, geriatric evaluation units (GEU's), and hospital-based home care senior clinician programs.

Staff in central office and in the field have actively participated in GEU evaluation and educational programs. Study of hypertension in the elderly continues in several VA medical centers and a subcommittee to study and make recommendations on nutritional problems in the elderly is functioning. Central office staff have also participated in task forces on preventive health and intermediate care as well as the VA Advisory Committee on Women Veterans which have addressed issues in aging.

IV. MENTAL HEALTH AND BEHAVIORAL SCIENCES SERVICE

A focus on the mental health of the aging veteran remains an important facet of the VA health care program. For Veterans Administration's facilities the care of older veterans is principally provided under the aegis of the medical and psychiatry services. Many of the patients in intermediate medical care and nursing homes have a psychiatric diagnosis, as well as some physical disability. On a given day, over 52 percent of the patients on the intermediate medical service wards have a psychiatric diagnosis. Fifty-four percent of these patients, with psychiatric diagnosis, are 65 years of age or older.

Of the patients with a psychiatric diagnosis who are age 65 and older, 31 percent are on psychiatric wards and 69 percent are on other wards, principally long-term medicine. Many other older psychiatric patients are in VA and community nursing home facilities, VA domiciliaries, and residential care homes.

In March 1984, Mental Health and Behavioral Sciences conducted a survey of 40 of our VA medical centers with large psychiatric services to determine the extent of the development of special geriatric psychiatric ward programs. Of the 40 medical centers, 21 now have such wards with a total of 1,521 beds and 14 additional medical centers, of those surveyed, are actively planning to develop such wards. Within these psychogeriatric wards many innovative programs have been developed which are especially adapted to the needs of aging psychiatric patients. Reality orientation, bibliotherapy, rhythmic aerobics, recreation groups, patient government, reminiscence groups, etc., are examples of such treatment and rehabilitation programs.

Recent VA mental health efforts have also been directed toward the development of psychogeriatric specialty programs in mental health outpatient programs such as in our VA mental hygiene clinic and day treatment centers. The programs developed at VAMC Palo Alto, CA, and the Boston, MA, outpatient clinic are exemplary of such outpatient programs especially adapted to the needs of our ambulatory psychiatric patients.

During the past 2 years, all of the chiefs of VA Psychiatry Service, Psychology Services and chiefs of the VA Alcohol Dependence Treatment Programs have received specialized training in the field of psychogeriatrics. During these training sessions they were specially sensitized to the unique needs of this portion of our veteran patient population.

V. SOCIAL WORK SERVICE

At each VA medical center, Social Work Service provides an operational point of contact between the VA health care system, the veteran, his family and the network of community services and resources. This includes a broad range of community development, information, referral, placement and followup services provided to patients of all ages and diagnostic categories. A primary focus during the past year has been continued development of and effective linkage with the full range of community agencies and services specificially focused on the elderly. Through joint planning with area agencies on aging, State offices on aging and the broad aging network, contributions to the development of such services as adult day care, home health services, respite programs, transportation, chore services, residential care, nutritional programs, family support services, peer support groups, utilization of volunteers and informal support networks have been made. VA assistance to communities in coordination of these and other community based services has expanded their availability for veterans as well as citizens of the larger community.

Continued joint efforts between VA social workers and community social and health care agencies emphasize coordination and joint planning in the delivery of health care services; the prevention of unnecessary duplication in service delivery; and the development of collaborative arrangements to share professional expertise and resources where it is clearly in the interest of the VA and the community to do so.

Special emphasis continues on the expansion of linkages already established with AAA's and State units on aging; discharge planning/continuity of care services; the development of cost-effective options to institutional care; strengthening the network of family support services for the elderly; continued development of social work case management services; expanded use of volunteers with expertise in community service delivery and resource development; and development of ADP support for identification, screening, and case coordination of the elderly and other high risk populations.

VI. REHABILITATION MEDICINE SERVICE

Incumbent in aging is the manifestation of various disease processes which, invariably, involve not only the signs and symptoms of the disease itself but concomitant dimunition or loss of physical function.

Rehabilitation Medicine Service, through the armamentarium of physical agents and therapeutic exercise available in Physical Medicine and Rehabilitation (PM&R), provides significant resources to enable the patient to regain, maintain, or even enhance his level of physical functions. The utilization of these agents and exercises in conjunction with pharmacological agents, dietary planning, and social work service, through the integrated team concept provides for more effective delivery of services and high quality of care.

This concept is utilized by Rehabilitation Medicine Service as a realistic and comprehensive approach in the rehabilitation of the geriatric veteran. Additionally, specialized programs involving RMS therapists are either implemented or are well established in which particular needs of the aging veterans are addressed. Examples of the specialized program include: cooking clubs specifically for the older veteran, activity exercise classes for the elderly patient, and community living skills training programs.

Finally, a significant number of RMS therapists are included in education and training courses which focus on new and successful treatment programs for the geriatric population.

VII. NURSING SERVICE

Nursing Services consume the largest proportion of the health care services allocated for care of elderly veterans, The increasing demands for geriatric care have promoted Nursing Service to identify priorities to assure excellence in the provision and management of care for aged patients. Nurses in the clinical, administrative, research, and education areas of nursing practice are involved in planning, implementing, and evaluating programs to deliver quality care in a cost effective manner.

Highly qualified professional nurses are being recruited to meet the complex needs of aged veterans. Five nurses who received full-time VA scholarships for graduate study in geriatrics/gerontological nursing began their service obligation. One hundred twenty-three positions were funded for masters level nursing students preparing to become clinical specialists in either geriatric/gerontological, rehabilitation, or psychiatric/mental health nursing. The executive development of nurse leaders in long term care continues to receive priority attention through preceptorship training for the position of Associate Chief or Supervisor, Nursing Home Care Unit. Rehabilitation nursing care of the aged and severely disabled was the focus of a contnuing education program that resulted from a nursing service initiative in fiscal year 1983. The program, which was supported by the Continuing Education Center and a VA Regional Medical Education Center (RMEC), was presented to approximately 100 professional nurses from 26 VA medical centers. Other RMEC's have indicated their intent to present a similar program in their respective regions.

Nursing Services are providing valuable input in the development of inpatient and ambulatory care programs for the aged. Several nurses with special knowledge of geriatrics/gerontology are utilized in-house and by adjacent VA medical centers, as consultants for care and management of aged patients in acute and long-term settings. VA nurses are influencing health care planning for the elderly in the community-at-large by participating on local planning councils, sharing of VA continuing education programs and research seminars and participating in a variety of self-help/support organizations related to specific diseases.

Nursing care planning for the aged is based on patients' responses to altered health states resulting from pathological processes. Rehabilitation nursing procedures are incorporated into the overall treatment programs and are goal-directed toward physical and psychosocial reconditioning and retraining of patients with biologicals and psychosocial disturbances. Approaches to care are continually being explored through research in all areas of nursing practice. In fiscal year 1984, 62 projects for investigation of nursing practice issues specific to aging were listed in the research and development information systems. Frequently, the findings of completed studies are published in professional nursing journals.

VA nurses received significant recognition for sustained outstanding professional contributions to the care of the aged. Significant awards received by four nurses in VA nursing home care units and other long-term care leadership positions included an award from the American Nurses' Association, the Congressional Excalibur Award, the Arthur S. Flemming Award, and Teachers' College, Columbia University Distinguished Practice Award. Several VA nurses who have responded creatively to the challenges imposed by changes in health care systems received other awards for excellence in nursing practice.

VIII. DIETETIC SERVICE

Comprehensive nutritional care is provided by Dietetic Service for the aging veteran. This care includes assessment, education, facility planning and menu modification. Dietitians are responsible for high quality nutritional care in VA medical centers, outpatient clinics, nursing homes, domiciliaries and community programs.

The elderly veteran's nutritional status is affected by such factors as changes in nutrient requirements due to the aging process; feeding and swallowing difficulties; resistance to social change; and financial limitations. These factors often lead to inadequate intakes of calcium, thiamin, riboflavin, vitamins A and C, and calories. In order to address these nutritional care needs, clinical dietitians:

—Coordinate the nutritional care plan with other health professionals and integrate this plan into the total treatment program.

—Prepare the aged, whenever possible, to assume responsibility for his/her own nutritional care within the parameters of his/her lifestyle.

—Conduct research on nutritional problems, treatment, and educational modalities in the care of the aged.

As a member of the multidisciplinary team, the dietitian helps prepare the aging veteran for transition to the community. Discharge planning includes education in menu planning; food budgeting, purchasing, and preparation; and how to select nutritous meals at restaurants and other public eating establishments.

In fiscal year 1984, Dietetic Service continued to upgrade the care of the aged by establishing criteria and design for a food service system that allows flexibility in the delivery and service of food. Facilities are designed to stimulate social interaction at mealtime which has a positive influence on the aging veteran's mental attitude and desire to eat.

IX. VOLUNTARY SERVICE

Volunteer activities continue to expand in six general areas; providing personal contacts and services; involving or reinvolving the patient in the community; helping keep the institution as free as possible of restrictions for the patient; giving support to the terminally ill and their families; meeting otherwise unmet needs and contributing special talents or experience for the benefit of patients.

Rather than elaborate on additional examples of the above-mentioned areas, we will mention other categories of volunteer involvement. As Veterans Administration treatment of older patients and others has extended to the community in the form of contract nursing homes, day treatment centers and residential facilities, among others; volunteers have extended themselves to those locations to provide much needed supplies and services. Volunteers at VA Medical Center, West Los Angeles, Brentwood Division, for example, work in a community day care facility for patients suffering from Alzheimer's disease. Volunteers at the Loma Linda VA Medical Center worked in conjunction with a university hospital and two community facilities to establish a "lifeline" personal emergency response system. A donation from a veterans service organization helped provide electronic equipment to homebound patients' residences allowing a direct link to the medical centers for summoning help. Volunteers not only assisted in the purchase and installment of the equipment but they also staff the emergency response center to calls for assistance.

An area receiving a great deal of emphasis at this time is the recruitment of older people as volunteers. VA Voluntary Service personnel have been working with corporations, veterans service organizations, and retiree groups stressing the benefits of staying active after retirement and offering the VA as a place of activity. These efforts have proven successful. The Honeywell Corp., on its own, has been referring their retirees to volunteer assignments in the community. The VA Medical Center, Minneapolis, MN has been able to recruit many volunteers from this source. We understand that 3M and Sperry Corporations have been working on similar programs. In addition, we have been working with the American Association on Retired Persons, a member of our national advisory committee, to encourage voluntary activity. They, too, have responded favorably to our efforts.

It is clear that volunteering at VA facilities benefits the aging. Patients profit from the many hours of service and donations that volunteers provide. The older volunteers benefit also from continued activity, from helping others, and from feeling that they are needed.

X. DENTISTRY

Dentistry is an important component of any comprehensive health care program for the elderly. Freedom from pain is an important consideration at any age; and incidence of oral diseases, from periodontitis to cancer, increases significantly with advancing years. Many older people lose a sufficient number of teeth to interfere with effective mastication. Nutritional deficiencies and gastrointestinal problems are the usual result. Perhaps as important, the ability to enjoy a varied, interesting diet is compromised—a factor in quality of life. Similarly important, the integrity of the dental complex play a major role in facial appearance and in communicative skills.

The VA is pledged to "provide elderly veterans with a range of medical and health services that are designed to restore and/or maintain optimal levels of health, foster independent living, and improve overall quality of life." With this in mind, the VA Office of Dentistry is involved in a number of initiatives to cope with the dental health needs of the burgeoning numbers of older veterans.

The Dental Geriatric Fellowship Program is now in its third year of operation. The first five dentists who entered the VA Dental Geriatric Fellowship completed their 2-year program in June of 1984. Anticipating their graduation, a plan was implemented whereby interested VA health care facilities submitted proposals outlining intended use of such an uniquely trained individual. All five of the fellows accepted appointments through this mechanism and are now full-time or part-time

VA staff. The employing station are: Brockton/West Roxbury, MA; Gainesville, FL; Chicago (West Side), IL; Perry Point, MD; and San Antonio, TX.

Although their responsibilities vary, most of these newly placed geriatric dentists are developing clinical programs at several VA facilities within their medical district as well as establishing linkages with community and university endeavors. It is believed that the special effort to employ these individuals will allow evaluation of these geriatric dentistry programs and an opportunity to measure their contributions against the time and funding dedicated to the fellowship program itself. Early feedback is enthusiastic and positive.

Although there is a focus of interest directed at the geriatric fellowship programs and the facilities that now employ a dentist especially trained in geriatrics, other VA dental facilities are not without their concerns and programs for the aging veteran. Va dental personnel at all levels are aware of the rapid aging of the veteran population. They all treat elderly patients on a daily basis and most facilities now have at least one dentist who has attended a continuing education course in geriatric dentistry or a course in hospital dentistry that emphasized special care for the elderly.

A collarborative project was begun in 1984 involving the National Institute on Aging (NIA), the National Institute for Dental Research (NIDR), and the Veterans Administration. It emerged from discussions among the Directors of the NIA and NIDR. Dr. Franklin Williams and Dr. Harald Low, and Dr. Rhyne. They agreed to pursue a project that would produce three products: a research agenda for oral health and related problems in the elderly, a catalog of relevant resouces and activities, and an implementation plan that would recommend cooperative efforts between the three agencies in response to high priority research questions.

The project is in its earliest phase. A core staff and a project advisory committee representing the three organizations have been appointed. The advisory committee has met, offering direction on the first two products: the development of the research agenda and the catalog.

XI. Research and Development

MEDICAL RESEARCH SERVICE

In order to enhance the quality of life of elderly veterans and to effectively dimish the physical and mental defects caused by diseases in the aged, it is apparent that there is a need for greater understanding of the major disease processes that affect the elderly and the most useful approaches to the management of these conditions. To the extent that the degree of functional impairment of elderly patients can be prevented or postponed, their needs for expensive long term medical and nuring care may markedly diminish.

In recognition of the increasing need to understand the health ptoblems of the elderly, the Medical Research Serivice of the VA and many Va investigators have increased their efforts to explore this area. In fiscal year 1983, 333 VA investigators identified aging as one of their primary or secondary program areas. Over 400 aging related research projects by these investigators were supported by $10.8 million from the Medical Research Service of the Veterans Administration. These studies were carried out at approximately 80 VA medical centers. Both the number of VA investigators involved in aging research and the amount of funding of their research in fiscal year 1983 represent a 50 percent increase compared to fiscal year 1980. It is obviously not possible to summarize all of this work in a single report. However, highlights of research activities in the following areas will be presented: Alzheimer's disease and other neuropsychological aspects of aging, host defense mechanisms in aging, osteoporosis, and blood pressure regulation.

A. Alzheimer's Disease and Other Neuropsychological Aspects of Aging

1. Bedford VAMC

Because of findings suggesting particularly severe involvement of the left hemisphere in patients with presenile as compared with senile dementia, a study was performed in patients with Alzheimer type dementia of varying age to determine the relationship between handedness and age at onset of Alzheimer's disease (B. Seltzer). There was a significantly higher prevalence of left handedness in the early as compared with late onset group. These findings suggest that early onset dementia of the Alzheimer type and senile dementia may not be biologically identical.

2. American Lake VAMC

Studies were carried out to compare sleep EEG measurements and mental function variables in groups of patients with varying severity of Alzheimer's dementia and age matched controls (P. Prinz). The results indicated that a number of sleep EEG and mental function variables undergo significant changes in early mild stages of Alzheimer's dementia. Nighttime wakefulness was increased and slow wave sleep, REM sleep, and dominant occipital EEG frequency were decreased in mild Alzheimer's patients. All of these measures changed in parallel with the severity of disease. The findings suggest that certain sleep/wakefulness measures and EEG patterns are significantly affected in mild dementia and may serve as diagnostic markers for early dementia of the Alzheimer's type.

3. Sepulveda VAMC

A number of studies have been performed to determine the relationship between types of memory dysfunction present in patients, types of disease processes which occur, and local cerebral metabolic rate of glucose (W. Riege). It was found that chronic alcoholics irrespective of age performed more poorly on tests of memory for auditorily presented information but were comparable to age matched controls in visual and semantic memorization. The cerebral metabolic rate of glucose of high frontal and parietal occipital regions was related to memory for complex designs while the glucose metabolic rate of Broca's area was linked with immediate verbal recall and was negatively correlated with age. Patients with Alzheimer's disease has lower values for glucose metabolic rate in the parietal and occipital areas while patients with multifarct dementia had an overall decrease of cerebral metabolic rate of glucose use.

4. Salt Lake City VAMC

A study was performed to determine if aerobic exercise training can enhance brain functioning of older sedentary individuals (R. Dustman). Forty-three volunteers were assigned to either an aerobic exercise group, a strength and flexibility exercise group, or a no exercise group and participated for a 4-month period of training. Following completion of the exercise training period, the group who performed aerobic exercise showed significantly greater improvement of a variety of mental function tests than either of the control groups. Specifically, improvements in simple reaction time, critical flicker fusion, stroop color test, digit span and digit symbol test were observed in the aerobic exercise group. It was concluded that aerobic exercise training can improve brain function of older sedentary people.

5. San Diego VAMC

An ongoing 4-year study has been designed as a prospective inquiry atempting to predict health change in a sample of elderly people from knowledge of life events, social supports, typical coping strategies, past medical history, health practices and personality (I. Grant). Preliminary results have shown that functional status and change in health at four months of followup are significantly predicted from baseline health status and severely threatening life events. Age and social position also related to followup well being. However, other types of events, social support, and baseline emotional state are not predictive.

B. Host Defense Mechanisms in Aging

Basic science studies

1. Wood VAMC.—Lymphocyte function in elderly humans was studied by measuring one product of lymphocyte activation, leukocyte migration inhibition factor (LMIF). Lymphocytes from old and young subjects were studied during 8 days of culture in vitro using two agents that stimulate LMIF production (P. Sohnle). Subnormal responses by cells from the old group were observed with both agents.

2. Houston VAMC.—The ability of immature lymphocyte precursor cells to differentiate into T or B cell precursors was studied using bone marrow cells from old and young humans and spleen cells from old and young mice (J.J. Toomey). In the presence of agents which stimulate undifferentiated lymphocytes to acquire membrane markers that indicate differentiation into T cells or B cells, a much higher percentage of lymphocytes from the elderly failed to differentiate both in the mouse and human studies, and a significantly fewer number of cells from the elderly differentiated to early T cells.

Differentiation into early B cells was similar in old and young. These findings suggest a possible mechanism for observations of imparied immune function in the elderly related to T lymphocyte abnormalities.

3. Durham VAMC.—Studies are assessing the pattern of human B lymphocyte maturation in vitro (H. Cohen). Immunoglobulin production in response to stimulation was compared in cells from young and elderly subjects. The absolute degree of stimulation was reduced in cells from the elderly. Also, the cells of older individuals demonstrated increased presence of a labile glycolytic enzyme, perhaps relating to a posttranslational enzyme modification or decreased proteolytic activity.

Clinical studies

1. Little Rock VAMC.—Immune function has been assessed in elderly patients with severe protein calorie malnutrition to determine the relationship between nutritional status and immune function (D. Lipschitz). In nine subjects with severe malnutrition low lymphocyte counts, severe anemia, and impaired skin test responses to antigen injection were found. Significantly reduced bone marrow myeloid stem cells were observed which returned to normal following a 3-week period of intensive nutritional repletion. In addition, after nutritional support, all subjects responded positively to the skin tests, the lymphocyte counts returned to normal and hemoglobin values increased to near normal. These observations indicate that host defense parameters are potentially reversible in profoundly malnourished elderly patients.

2. Johnson City VAMC.—The susceptibility of the elderly to bacterial pneumonia and their response to therapy has been reviewed (S. Berk). Among elderly patients bacterial pneumonia causes more morbidity and mortality than in younger adults and there is an increased incidence of nosocomial pneumonia. This increased incidence can be reduced by adequate sterilization of inhalation therapy equipment. Prompt and aggressive therapy of pneumonia in the elderly using specific antibiotics based on gram stain of appropriately obtained sputum leads to improved outcome.7

3. Lexington VAMC.—The immune status of 17 healthy individuals over 100 years of age was studied (J. Thompson). The findings suggest that the immune system in these very old individuals is similar to what has been described in younger elderly individuals in that discriminating T lymphoid functions are reduced in association with an apparent failure of some T, B, and natural killer cells to differentiate to functional maturity.

C. Osteoporosis

Basic science studies

1. West Los Angeles (Wadsworth Division) VAMC.—Studies performed to determine whether bone marrow cells may have something to do with the osteoporosis process in aging mice (M. Tyan). It was found that marrow injection of spleen cells alone or spleen cells mixed with marrow cells from old mice effectively reduces bone growth in young hosts and causes loss of bone mass in young mice. Injection of spleen cells alone or spleen cells mixed with marrow cells from young donors prevented the loss of bone mass normally seen in aging mice. These findings suggest that factors produced by bone marrow cells may influence the age-related development of osteoporosis.

2. Loma Linda VAMC.—Studies are being performed to explore relationships between osteoporosis and proteins released from bone matrix or from bone cells during bone resorption (D. Baylink). Work accomplished thus far includes purification and characterization of a factor derived from adult human bone, human skeletal growth factor (HSGF). Comparisons with other growth factors demonstrated that HSGF could enhance DNA synthesis in bone cells that were already maximally stimulated by other known growth factors, indicating that HSGF stimulates cell division by a rate limiting mechanism different from that of the other growth factors. Both parathyroid hormone and 1,25-dihydroxy vitamin D influence the mitogenic activity of HSGF.

3. St. Louis VAMC.—Studies have been performed to measure the fluidity of kidney plasma membranes and intestinal brush border membranes, as these are possible sites of action of parathyroid hormone and vitamin D metabolites (H. Armbrecht). Preliminary studies suggest that there are age-related changes in kidney plasma membrane fluidity that may account for the observed age-related impairment in parathyroid hormone action.

Clinical studies

1. Palo Alto VAMC.—Parathyroid function was evaluated in 158 normal subjects of varying age (R. Marcus). Parathyroid hormone levels increased with age both in men and women, but the parathyroid hormone levels also correlated inversely with creatinine clearance. When renal function was controlled in the analysis, the rela-

tionship of parathyroid hormone levels with age was no longer significant. It was concluded that loss of renal function is the major cause of rising parathyroid hormone levels with age. In another study estrogen therapy was used as an alternative for surgical treatment of mild hyperparathyroidism in elderly women. Although estrogen therapy did not alter serum parathyroid hormone levels or the effect of parathyroid hormone on the kidney as indicated by urinary excretion of cyclic adenosine monophosphate, serum calcium levels fell to normal and urinary calcium excretion was reduced for up to 2 years. These findings suggest that estrogen therapy may allow control of calcium metabolism in elderly women with mild hyperparathyroidism as an alternative to surgical treatment.

2. Portland VAMC.—Studies were performed to define age-related changes in bone mineral content in normal men both in the proximal and distal radius and in vertebral bone (E. Orwoll). While radial bone mineral content fell only 2 to 3 percent per decade with age, vertebral trabecular bone content fell 12 percent per decade. These findings suggest that trabecular and cortical bone compartments may be independently modulated, and that age-related bone loss is not necessarily a homogenous process.

D. Blood Pressure Regulation

Basic science studies

1. Boston OPC.—Autonomic neural control of cardiac function was assessed in a large group of healthy men and women of varying age by measuring the acute heart rate response to forceful coughs (J. Wei). Although resting heart rate was not related to age, with increasing age there was a linear reduction in cough-induced maximum rise in heart rate and a prolongation of the time to peak heart rate. This age effect was unrelated to age-related changes of blood pressure. This abnormality of heart rate regulation with age may contribute to the decreased cardiovascular homeostatic response to stress which is commonly observed in the elderly.

2. Sepulveda VAMC.—Studies were performed in rats of varying age to assess mechanisms for impaired tissue responses to beta adrenergic stimulation with aging (P. Scarpace). Although total binding by lung tissue of the beta adrenergic agonist isoproterenol was not related to age of the animal, the cellular responsiveness to the beta adrenergic drug was diminished as measured by degree of stimulation of adenylate cyclase activity. This diminished responsiveness to beta adrenergic stimulation appeared to be a result of diminished high affinity beta adrenergic binding sites with no change in the low affinity binding sites. This finding may contribute to the diminished hormonal responsiveness associated with aging.

3. Palo Alto VAMC.—Studies have been performed to address the possibility that enhanced production of an endogenous inhibitor may contribute to diminished responsiveness to beta adrenergic stimulation with aging (B. Hoffman). Adenosine is a substance produced in cells which inhibits production of cyclic AMP, an important second messenger for cellular activation by hormones, including beta adrenergic agonists. When an enzyme was added to isolated cells to remove endogenous adenosine, reversal of diminished cellular responses to beta adrenergic stimulation in cells from old rats was observed. In addition cells from old rats were more sensitive to the inhibitory effects of exogenously added adenosine, and cells from old rats has an increased number of receptor sites for adenosine than cells from young rats. These findings suggest that enhanced sensitivity to endogenously produced adenosine may interfere with hormone responsiveness in cells of old rats.

Clinical studies

1. Syracuse VAMC.—Hemodynamic measurements were performed in elderly patients with systolic hypertension before and during therapy with a thiazide diuretic (S. Vardan). The most prevalent cardiovascular abnormality in these patients was an elevated systemic vascular resistance. Administration of hydrochlorothiazide for 1 month led to a significant fall in blood pressure, systemic vascular resistance, and stroke volume. These changes were maintained after 1 year of continuous therapy in 14 patients. The patients tolerated the treatment well with no symptoms of orthostatic hypotension or cardiac arrhythmias and no other metabolic abnormalities observed. These findings suggest that thiazide therapy effectively and safely lowers blood pressure in most elderly patients with systolic hypertension by reducing systemic vascular resistance.

2. Sepulveda VAMC.—Studies were performed in a group of elderly patients with mild uncomplicated essential hypertension to compare the effectiveness of clonidine alone with a regimen of clonidine plus a diuretic (M. Sambhi). Twelve of fifteen patients treated with clonidine alone achieved goal blood pressure (less than 90 mmHg

diastolic) in a 6-month trial. Although some side effects were observed, no patients required discontinuation of therapy and only one patient had to have dosage reduced because of drowsiness. In another group of 33 patients, only 8 were controlled with diuretic alone and clonidine was added for the remaining 25 to achieve blood pressure control. Tapered discontinuation of clonidine in this group resulted in gradual return of blood pressure to pretreatment levels. The findings suggest that clonidine can be used effectively for treatment of hypertension in elderly patients and that this can often be accomplished without concomitant administration of diuretic.

3. Boston VAMC.—The effects of meal ingestion on blood pressure and heart rate responses were studied in elderly institutionalized subjects with and without histories of syncope and in young normal subjects (J. Rowe). The elderly subjects demonstrated a striking fall of systolic blood pressure 60 minutes following meal ingestion, an effect which was not observed in young people. The fall in blood pressure following meal ingestion was identical in subjects with a history of syncope and those without a history of syncope. These postprandial changes of blood pressure were not related to medications or diagnoses. These findings suggests that postprandial reductions in blood pressure may predispose the elderly to symptomatic hypotension.

REHABILITATION RESEARCH AND DEVELOPMENT

The Rehabilitation R&D program supported clinical research studies in the restoration of speech and hearing and rehabilitative treatment of neurological disorders and musculoskeletal disorders as related to aging Rehabilitation R&D strategy in aging includes a three-prong approach. The core of this effort revolves around continuation of aging related projects in the priority areas of prosthetics/amputation, spinal cord injury and sensory aids. The second approach is the active solicitation of new and expanded proposals regarding geriatric rehabilitation R&D. These two approaches will be reinforced by the continued development of a special Rehabilitation R&D unit located at VA Medical Center, Decatur, GA, which has the assigned mission of concentrating its R&D efforts in programs directed to assisting the aging handicapped population.

HEALTH SERVICES RESEARCH AND DEVELOPMENT

The Health Services Research and Development (HSR&D) Service develops new information and knowledge about the organization, process, cost, and effect of health care delivery. The HSR&D research programs are designed to respond to the critical information needs of the VA's policymakers and managers. Their purpose is to improve the effectiveness and efficiency of the VA health care system. In addition, because of the current challenge facing the Nation to provide quality medical care to all older Americans, the research agenda of the VA strives to complement and augment other public and private research efforts. Due to the large numbers of aged veterans, research relating to this age group has been a priority of HSR&D programming since 1981. In fiscal year 1984, selected HSR&D activities in this area of inquiry were:

—Publication of a health services research agenda entitled "Meeting the Needs of the Aging Veterans." The agenda, which identified possible research priorities for the VA and will serve as a focal point for future health services research, was developed by one of the regional VA HSR&D field programs specializing in aging/long term issues.

—Continued funding of 39 investigator-initiated projects throughout the VA system relating to the medical and service delivery needs of all, including older, veterans, such as the following: "Assessing the Effectiveness of an Inpatient Geriatric Evaluation Unit (GEU)." This study is examining whether GEU's lead to better and less expensive care and if the effects of this care are reflected in less mortality and morbidity. "Disease Prevention and Health Maintenance Program Trial." Part of a 5-year demonstration to test three models to make preventive care services more accessible and complete. "Veterans Use of VAMC and Non-VAMC Health Services." This study will assess the determinants of veterans use of health services and examine if these factors differ from the non-veteran population. "A Veteran Population's Use of VA and Medicaid/Medicare Health Services." This study will look at the extent and nature of the VA medical care user's dependence upon the other major medical programs. "Iatrogenic Disease in Hospitalized Elderly Veterans." The study will assess the age adjusted risks associated with hospitalization of older veterans.

XII. ACADEMIC AFFAIRS PROGRAMS

Every short and long-range plan of the VA's Department of Medicine and Surgery that address health care needs of the Nation's growing population of elderly veterans includes training activities sponsored by the Office Academic Affairs (OAA). The training of health care professionals in the area of geriatrics/gerontology has always been a key component of every affiliation program conducted in VA medical centers and other health care facilities of the system. Work with geriatric patients is an integral part of the clinical experience of the nearly 100,000 health trainees—including 25,000 resident physicians and 50,000 nursing and associated health students who train in VA medical centers each year as part of an affiliation agreement between the VA and nearly 1,000 health professional schools, colleges and university health science centers. Recognizing the needs of the rapidly expanding veteran population, the OAA has made great strides in promoting and coordinating the multidisciplinary gerontology and geriatric programs in VA medical centers and in schools with which it affiliates.

The following special programs reflect some of the activities of the Department of Medicine and Surgery, Office of Academic Affairs:

VA FELLOWSHIP PROGRAMS IN GERIATRICS FOR PHYSICIANS

Medical educators are still debating whether geriatrics should be a separate specialty or a subspecialty in medicine, but the need for physicians with special training in geriatrics and gerontology continues to be urgent in view of the rapidly increasing numbers of elderly veterans and aging Americans. The VA health care system offers clinical, rehabilitation, and followup patient care services, as well as research and interdisciplinary programs that provide the support elements required for the training of physicians in geriatrics. This special training is being accomplished through the VA Fellowship Program in Geriatrics that has been in operation at 12 VA medical centers affiliated with medical schools since 1978–79.

This program is designed to develop a cadre of physicians who are committed to clinical excellence and to becoming the directors and leaders of local and national geriatric medical programs. Their dedication to innovative and thorough geriatric patient care is expected to permeate the teaching of medical students and of house staff in order to foster positive reactions to this evolving area of medicine. The fellows' 2-year curriculum incorporates clinical, pharmacological, psycho-social, education components related to the full continuum of treatment and health care of the elderly. A third fellowship year is available, on a competitive basis, for those who wish to conduct research. Over its 6-year history, the program has attracted physicians with high quality academic and professional backgrounds. Their genuine interest in the well-being of elderly veterans is apparent from the high retention rates. Many of the fellows have published papers on geriatric topics in nationally recognized professional journals, and several fellows have authored or edited books on geriatric medicine and medical ethics. Several former fellows were successful in national competitions and received important awards from the National Institute on Aging and the Henry J. Kaiser Family Foundation. As of June 1984, 79 fellows had completed the program in five successive groups: 1980, 8; 1981, 13; 1982, 16; 1983, 19; 1984, 23. About 90 percent of the fellowship graduates continue to practice geriatric medicine. About 60 percent remain in the VA system as full or part-time employees. More than 70 percent of all graduates hold academic appointments. The demand for physicians specially trained in geriatrics increases each year, as evidenced by the multiple job offers extended to each fellow, not only from VA medical centers but also from private corporations and from medical schools.

DENTIST GERIATRIC FELLOWSHIP PROGRAM

In July 1982, 2-year Dentist Geriatric Fellowship Programs were started at five VA medical centers. The goals of this program are similar to those described for the Physician Fellowship Program in Geriatrics. As of June 1984, five dentist fellows had completed the program, and the second group of five dentists is expected to graduate in June 1985.

The Dental Fellowship Programs were themselves evaluated during 1984 by the Office of Academic Affairs with the aid of a consultant from the Harvard University faculty. He constructed a measurement instrument consisting of specific interview questions based upon a survey of dentists currently involved in geriatrics or gerontology. All individuals having significant involvement with the program were interviewed. With this technique, strengths and weaknesses were assessed, and comparisons between programs were made. Individual reports were provided to program directors and a summary report was sent to the Assistant Chief Medical Director (ACMD) for Academic Affairs.

INTERDISCIPLINARY TEAM TRAINING IN GERIATRICS

Interdisciplinary Team Training in Geriatrics (ITTG) is a systematic educational program designed to include didactic and clinical instruction for VA faculty practitioners and affiliated students from three or more health professions such as physicians, nurses, psychologists, social workers, physical and occupational therapists. The ITTG provides a structured approach to the delivery of health services by emphasizing the knowledges and skills needed to work in an interactive group. In addition, the program promotes an understanding of the roles and functions of other members of the team and how their collaborative contributions influence both the delivery and outcome of patient care.

The ITTG program has been activated at 12 VA medical centers. Two sites, located at VA Medical Centers (VAMC's) Portland, OR, and Sepulveda, CA, were designated in 1979. Three additional VA sites at Little Rock, AR, Palo Alto, CA, and Salt Lake City, UT, were selected in 1980; and VAMC's Buffalo, NY, Madison, WI, Coateville, PA, and Birmingham, AL, were approved in 1982. In the spring of 1983, three sites were selected at VAMC's Tucson, AZ, Memphis, TN, and Tampa, FL.

The purposes of the ITTG program are to develop a cadre of health practitioners with the knowledge and competencies required to provide interdisciplinary team care to meet the wide spectrum of health care and service needs of the aged veteran; to provide leadership in interdisciplinary team delivery and training to other VA medical centers; and to provide role models for affiliated students in medical and associated health disciplines. Training includes the teaching of staff and students about the aging process; instruction in team teaching and group process skills for clinical core staff; and clinical experiences in team care for affilitated education students with the core team serving as role models.

CLINICAL NURSE SPECIALIST

Clinical nurse training is another facet of VA education programming in geriatrics. The need for specially trained graduate level clinical nurse specialists is evidenced by the sophisticated level of care needed by the VA patient population, specifically in the area of geriatrics. Advanced nurse training is a high priority within the VA because of the shortage of such nursing specialists who are capable of assuming positions in specialized care and leadership. The Clinical Nurse Specialist Program was established in 1981 to attract clinical specialist students to the VA and to help meet recruitment needs in the VA priority areas of geriatrics, rehabilitation, psychiatric-mental health, all of which impact on the care of the elderly veteran. Direct student support is provided to master's level nurse specialists trainees for their clinical practicum at the VA medical centers affiliated with the academic institutions in which they are enrolled. In fiscal year 1984, 127 master's level clinical nurse specialist student positions were supported in 27 VA medical centers; 58 in geriatrics; 15 in rehabilitation; and 54 in psychiatric/mental health.

EXPANSION FOR MEDICAL AND DENTAL RESIDENTS IN GERIATRICS

In order to expand the involvement of medical and dental residents in the care of older veterans, a specially funded programs for geriatrics education and training was initiated in fiscal year 1983. This program provides residency positions and funds to VA medical centers hosting geriatric research, education and clinical centers (GRECC's) and to VA medical centers that provide specific clinical programs and experiences for the care of geriatric patients. In fiscal year 1984, an approximate total of 120 medical and dental positions was approved at about 40 VA facilities. The primary purpose of the program is to provide education and training for residents in the assessment, treatment and rehabilitation of the older veteran.

CONTINUING EDUCATION

In support of the VA's mission to provide health care to the aging veteran population, education and training continues to be provided to enhance VA medical center staff skills in the area of geriatrics. These educational activities are designed to respond to the needs of VA health care personnel throughout the entire Department of Medicine and Surgery. Annually, postgraduate and in-service training (program 813) funds are distributed at three levels of the organization for support of continuing education activities in priority areas.

First, program 813 funds are provided to each of the VA medical centers to meet the continuing education needs of its employees. Approximately $120,000 of facility-directed monies was used to support 668 different activities in geriatrics during fiscal year 1984. VACO also allocated funds to hospitals for VAMC Initiated programs. This special program allows health care facilities, with assistance from seven regional medical education centers (RMEC's), to provide education programs within the hospital to meet locally identified training needs. An increasing number of these activities are in the area of geriatrics/gerontology.

Second, continuing education field units, which include seven regional medical education centers (RMEC's), eight Cooperative Health Education Programs (CHEP's), two dental education centers (DEC's), and the continuing education center (CEC) meet education needs by conducting programs at the regional and local medical center level. Examples of recent programs are:

—Special problem/needs of geriatrics.
—Physical assessment of the elderly.
—Gerontology—rehabilitation.
—Therapeutic drug monitoring in the elderly.
—Clinical geriatrics for dental personnel.
—Alzheimer—detection and management.
—Aging veteran—ambulatory care.

RMEC programs are also conducted in coperation with the geriatric research, education, and clinical centers (GRECC's). This collaborative effort to efficiently utilize exisitng resources was expanded to meet the increasing demands for geriatrics/gerontology training. For example, the GRECC's have met some of the training needs identified by RMEC's, and RMEC's have utilized GRECC staff as faculty for their programs.

Third, the continuing education center (CEC) coordinates and/or develops for the Department of Medicine and Surgery continuing education programs of national scope. The CEC, working in conjunction with VACO professional and administrative services, determines national educational needs and coordinates the development of various education projects to meet these needs. Systemwide education projects are conducted in the area of geriatrics/gerontology to meet the training needs of professional staff.

During fiscal year 1984, the continuing education field units conducted 241 education activities in the area of geriarics which were attended by approximately 8,284 VA participants and 5,051 non-VA participants.

LEARNING RESOURCES

The widespread education and training activities in geriarics have generated a broad spectrum of requirments for learning resources throughout the VA system. Local Library Services performed hundreds of on-line searches and continued to add books, journals, and audiovisuals (AV's) on topics related to geriatrics and aging. Three reports on aging were delivered from VACO to each health care facility, including Alzheimer's Disease Care for the Older Veteran, and Health Care of the Aging Veteran. Five AV's, two of which were produced by the agency, were sent to designated Library Services through the AV software delivery system; multiple copies of more than thirty AV programs are now available nationwide for VA staff uses on this topic. The VACO Library continued to expand its collection of books, AV's, and journals in its collection of aging and geriatric materials.

HEALTH PROFESSIONAL SCHOLARSHIP PROGRAM

The purpose of the Health Professional Scholarship Program is to assist in providing an adequate supply of students in accredited baccalaureate nursing degree programs and in accredited master's degree programs offering specialties needed by the VA. Of the 91 awards made to master's degree students in 1982 through 1984, 22 or 24 percent were for geriatric/gerontology nursing. In return for scholarship assistance, recipients are obligated to serve a minimum of two years in a VA medical center. Five of the 22 receipients have completed degree requirements and are serving in four medical centers.

XIII. Department of Veterans Benefits

COMPENSATION AND PENSION PROGRAMS

Disability and survivor benefits (pension), compensation, and dependency and indemnity (compensation) administered by the Department of Veterans Benefits provide all, or part, of the income for 1,568,769 persons age 65 or older. This total includes 974,909 veterans, 531,568 widows, 51,797 mothers, and 10,495 fathers.

The Veterans' and Survivors' Pension Improvement Act of 1978, effective January 1, 1979, provided for a restructured pension program. Under this program, eligible veterans receive a level of support meeting the national standard of need. Pensioners generally receive benefits equal to the difference between their annual income from all other sources and the appropriate income standard. This act provided for an $1,289 increase in the applicable income standard for veterans of World War I or the Mexican border period. This provision was in acknowledgment of the special needs of our older veterans. Pensioners receiving benefits under the prior program were provided the opportunity to elect to receive benefits under the prior program.

VETERANS ASSISTANCE SERVICE

Veterans Services Division personnel maintain liaison with nursing homes, senior citizen homes, and senior citizen centers in regional office areas. Locations are visited as the need arises. Appropriate pamphlets and application forms are provided to personnel at these homes during visits and through regular use of mailings. State and area agencies on aging (AAA) have been identified and are provided information on VA benefits and services through workshops and training sessions.

The Veterans Assistance Service exhibit, "Veterans Benefits for Older Americans" highlights, by pictures and accompanying text, the various benefits explained in the pamphlet of the same title (VA Pamphlet 27-80-2). The exhibit, designed to convey the Veterans Administration's concern with the aging veteran population, has been displayed extensively at meetings addressing problems of the aging. The pamphlet was given wide distribution at the White House Conference on Aging, the National Council on Aging, and by information and referral representatives at field stations.

OLDER VETERANS PROGRAMS

The programs administered by the Department of Veterans Benefits are a major element in the coordinated planning for the future needs of the aging veteran population. DVB income enhancement programs are directly related to the overall quality of life for the older person.

Several specific DVB programs support the overall response to the older veteran's needs. Compensation and Pension, although only two of a number of benefits administered by DVB, have great importance when the goal is the standard of living for the older veteran.

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